Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 16-30**, **2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR	l l				Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED April 28, 2004		Applicant Iden		
1. TYPE OF SUBMISSION:	Dro application	3. DATE RECEIVED BY STATE		State Applicati	State Application Identifier	
Application Construction	Pre-application Construction	4. DATE RECEIVED BY	FEDERAL AGEN	ICY Federal Identif	ier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION						
Legal Name:			Organizational Department:	Unit:		
CITY OF COALINGA			<u> </u>	CONOMIC DEVELOR	PMENT	
Organizational DUNS: 03-099-9	9361		Division:			
Address:					rson to be contacted on matters	
Street: 155 West Durian Avenue			Prefix:	application (give area		
City:			MR. Middle Name	R	ICHARD	
City of Coalinga			N.		AMAZON CONTRACTOR CONT	
County: County of Fresno	T		Last Name WARNI	Ξ		
State: California	Zip Code 93210		Suffix:			
Country: USA			Email: dwatt@	coalinga.com		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):	1000 1000 1000 1000 1000 1000 1000 100	Phone Number	(give area code)	Fax Number (give area code)	
9 4 - 6 0 0 0 3 1 2]		559-935-1	533	559-935-5912	
8. TYPE OF APPLICATION:	J		7. TYPE OF AP	PLICANT: (See back	of form for Application Types)	
∠ Nev		n Revision	C			
If Revision, enter appropriate lett (See back of form for description			Other (specify)			
	'			PERM AGENOV		
Other (specify)				EDERAL AGENCY: tion Administration		
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTI	VE TITLE OF APPLI	CANT'S PROJECT:	
		2 0-1 06		ntal Assessment and \ Runway at Coalinga N		
TITLE (Name of Program):	PORT IMPROVEMENT		Crosswirld	Kunway at Coamiga N	numicipal Airport	
12. AREAS AFFECTED BY PR						
City of Coalinga	(-, , ,				
13. PROPOSED PROJECT	Annual Control of the		14. CONGRESS	SIONAL DISTRICTS	OF:	
Start Date:	Ending Date:		a. Applicant		b. Project Calvin M. Dooley (20th	
June 2004	Septem	nber 2005	Calvin M. Do		REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING:			ORDER 12372 F	PROCESS?		
a. Federal \$		15 _{0,000}			I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant	FAFIVE	8.000	⊣ · · · · ·	OCESS FOR REVIEW		
c. State	RECEIVE	.00	DA ⁻	TE: April 28, 2004		
d. Local	APR 3 0 20	04	b. No. 🗇 PRO	OGRAM IS NOT COV	ERED BY E. O. 12372	
e. Other \$.00			T BEEN SELECTED BY STATE	
f. Program Income	TATE CLEARING	HOUSE	17. IS THE APP	R REVIEW PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		158,000	⊢ ☐ Yes If "Yes"	attach an explanation	ı. 🗷 No	
18. TO THE BEST OF MY KNO	WLEDGE AND BELIE	F. ALL DATA IN THIS API	PLICATION/PRE	APPLICATION ARE 1	RUE AND CORRECT. THE	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	THE APPLICANT	AND THE APPLICA	NT WILL COMPLY WITH THE	
a. Authorized Representative	***		T			
Prefix MR.	First Name RICHAI	RD	ľ	Vliddle Name N.		
Last Name WARNE				Suffix		
b. Title CITY MANAGER	_		C	c. Telephone Number 559-935-1533	(give area code)	
d. Signature of Authorized Repre	esentative 🎻 🕦	12:11	e	Date Signed	70/2001	
,	The second	LIUL		97	29/2004	

Version 7/03	
5)	
on matters	

•)			100	1		
APPLICATION FOR	1	2. DATE SUBMITTED		i		Applicant Identi	Version 7/03
FEDERAL ASSISTANCE			04/27/2	004	-	State Application	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY					
☐ Construction	☐ Construction	4. DATE RECEIVED BY	FEDERA	L AGEN	1GA	Federal Identifi	
■ Non-construction 5. APPLICANT INFORMATION	☐ Non-construction	. '			-		2273 (Rev 5)
Legal Name:			Organiz Departm		1		
Valley Economic Develop	ment Center, Inc.		'	Ра	coim	a Workforce	Dev. Initiative
Organizational DUNS:	7-108-7653		Division:				
Address: Street: 5121 Van Nuys B	lvd. 3rd floor		involvin	nd telep g this a	hone oplica	tion (give area	on to be contacted on matters code)
0,2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Mr.		First Name:	Roberto
City: Van Nuys			Middle N	lame:	Ε		
County: Los Angeles			Last Nar		Barra	agan	
State: CA	Zip Code: 91403		Suffix:				
Country:	91403				rharr	agan@vedc.d	ora
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN)		Phone N			rea code):	Fax Number (give area code):
95-3139419	, ,		818 -	907 - 9	977		818 - 907 - 9720
8. TYPE OF APPLICATION:			7. TYPE	OF API	PLICA	NT: (See back o	f form for Application Types)
■ Ne If Revision, enter appropriate le (See back of form for descriptio	w ☐ Continuation atter(s) in box(es)	n □ Revision	O. Not	for Pro	ofit O	rganization	
(See back of form for description Other (specify)	n of letters.)		Other (sp			:	
			Nationa	Telecor	nmuni	L AGENCY: cations and Info	rmation Administration
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANCI		1	1	1		ANT'S PROJECT:
TITLE (Name of Program): Tec	hnology Opportunities Pro	11-552 ogram	will pro	ovide a	n on-	line service t	site Service (JAWS) project o local business for ecure local jobs for local
12. AREAS AFFECTED BY PF	ROJECT (Cities, Counties	. States. etc.):	reside	nts to a	addre	ess the high u	nemployment in the area.
Northeast San Fernando							
13. PROPOSED PROJECT	TE 15.		14. COI	dant:	IONA	L DISTRICTS O	b. Project:
Start Date: 10/01/2004	End Date: 09/30/	2006	l l	1 20)		26,27,28,30,31 REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER	12372	PROC	ESS?	
a. Federal	\$	547,974 ^{.00}	a. Yes.	■ AVA	JUABI	EAPPLICATION/ LE TO THE STA S FOR REVIEW	APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON
b. Applicant	SEIVED	717,751 .00		DAT		04/26/2004	
c. State	CEIVE	0 .00	b. No.	PRO	OGRA	M IS NOT COVE	ERED BY E, O. 12372
d. Local	SPR 3 0 2004	0.00		OR			BEEN SELECTED BY STATE
e. Other	S	0 .00		FOR	REV		T ON ANY FEDERAL DERTS
f. Program Income	E CLEARING HOUS	10,000 .00	17. IS T	HE APP	LICA	NT DELINQUEN	IT ON ANY FEDERAL DEBT?
g. TOTAL	\$	1,275,725 .00	☐ Yes	If "Yes"	attach	n an explanation.	. No
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES II	Y AUTHORIZED BY THE	, ALL DATA IN THIS AP GOVERNING BODY OI	PLICATION THE AP	ON/PREA PLICAN	APPLI T ANI	CATION ARE T THE APPLICA	URE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative					Midd	le Name	
Prefix Mr.	First Name Roberto				Suffi	E.	
Last Name Barragan							r (give area code)
b. Title President					8	<u> 18 - 907 - 997</u>	7
d. Signature of Authorized Rep	presentative	The state of the s			e. Da	ate Signed 4	127104
Previous Edition Usable Authorized for Local Reproduc	tion	and the same of th		i i	,		Standard Form 424 (Rev.9-2003 Prescribed by OMB Circular 1-10
s.**							

APPLICATION FOR					Version 7/03		
FEDERAL ASSISTANCE		2. DATE SUBMITTED May 01, 2004		Applicant Ider	Applicant Identifier R9-Tracking No. 04-143		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier			
Application	Pre-application	4 DATE DECEMED DV	CEDEDAL ACENC	V Fadaral Idanti	Sor		
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identi	ner		
Non-Construction	Non-Construction						
5. APPLICANT INFORMATION Legal Name:			Organizational Ur	nit:			
California Air Resources Board			Department:				
Organizational DUNS:			Division:				
828321871			Administrative Ser		rson to be contacted on matters		
Address: Street:			involving this app				
1001 Street			Prefix: Mrs.	First Name: Valinda			
P.O. Box 2815 City:			Middle Name	Valinua			
Sacramento County:			Last Name				
Sacramento	17:- C-d-		Debbs Suffix:				
State: CA	Zip Code 95812						
Country: USA			Email: vdebbs@arb.ca.g	οv			
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (giv	re area code)	Fax Number (give area code)		
6 8 -0 2 8 8 0 6 9			(916) 322-8201		(916) 322-9612		
8. TYPE OF APPLICATION:	<u> </u>		7. TYPE OF APPL	ICANT: (See bac	k of form for Application Types)		
∬ Nev		n 🏻 Revision	A. State				
If Revision, enter appropriate lett (See back of form for description			Other (specify)				
Other (specify)	dament	. —	9. NAME OF FEDI Environmental Pro	tection Agency			
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:			CANT'S PROJECT:		
,		6 6 - 0 0 1	coordination activi		programs, outreach, and		
TITLE (Name of Program):	unnart	hanne manner hannel hannel hanner					
Air Pollution Control Program St		s. States, etc.):					
State of California	,						
13. PROPOSED PROJECT			14. CONGRESSIO	NAL DISTRICTS	OF:		
Start Date:	Ending Date:		a. Applicant		b. Project		
AF FOTIMATED ENDING:			16 IS APPLICATI	ON SUBJECT TO	Statewide REVIEW BY STATE EXECUTIVE		
15. ESTIMATED FUNDING:					The state of the s		
a. Federal \$		7,043,489	a. Yes. Z THIS I	PREAPPLICATION ABLE TO THE ST	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372		
b. Applicant \$		20,515,127	PROC	ESS FOR REVIEW	V ON		
c. State	EIVEU	· ou	DATE:	Signature Date			
d. Local	0004	.00	b. No. TO PROG	RAM IS NOT COV	ERED BY E. O. 12372		
e. Other	R 3 0 2004		OR PROGRAM HAS NOT BEEN SELECTED BY STATE				
f. Program Income \\$	··alige	.00		REVIEW CANT DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL STATE	CLEARING HOUSE	(40	-		n. 🍇 No		
18. TO THE BEST OF MY KNO			Yes If "Yes" att				
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF 1	THE APPLICANT A	ND THE APPLICA	NT WILL COMPLY WITH THE		
a. Authorized Representative	First Name		Mid	dle Name			
Prefix Ms.	First Name Marie		Suff				
Last Name LaVergne					/		
b. Title Chief, Administrative Services			(91	elephone Number 6) 322-8198	(give area code)		
d. Signature of Authorized Repre	esentative	0,1.	Je. C	ate Signed //	nanu		

	PPLICATION FOR 2. DATE S					Applicant Identifier		
FEDERAL ASS	ISTANCE		3. DATE RE	ECEIVED BY STATE		State Application Identifier		
1. TYPE OF SUBMIS	SION							
Application Construction	7. 5/12/1				AL AGENCY	Federal Identifier		
Construction Construction					R021438			
5. APPLICANT INFO								
Legal Name:				Organizational Uni	t:			
State of California				Department:	and the same of th			
Organizational DUNS:	00254076	8		Division: Ca	lifornia Energy (Commission		
Address: Street: 1516	Ninth Street MS	. 1		Name and telepho involving this application		he person to be contacted on matters		
1516	Autur Street Mis	· ·		Prefix: Mr.	First Name:	•		
City: Sacra	mento			Middle Name:				
County: Sacra	mento			Last Name: Butle)[
State: CA	Zip Co	de: 95814-5512		Suffix:				
Country:				Email:				
6. EMPLOYER IDENT	TFICATION/DU	INS NUMBER (EIN):		Phone Number (gl	ve area code):	Fax Number (give area code):		
680364962				(916)654-4204	Ĺ	() -		
8. TYPE OF APPLICA		<u></u>	Revision	7. TYPE OF APPLI	,	424 instructions for Application Types) (State)		
If Revision, enter app (See SF424 instruction				Other (specify):				
Other (specify):				9. NAME OF FEDE U. S. Department				
10. CATALOG OF F	EDERAL DOM	ESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE	TITLE OF APPL	LICANTS PROJECT:		
TITLE (Name of Progr STATE ENERGY PRO	•		81.041	STATE ENERGY	PROGRAM	•		
12. AREAS AFFECTE Statewide	D BY PROJEC	T (cities, countries, stat	tes, etc.)					
13. PROPOSED PRO	JECT:			14. CONGRESSIO				
Start Date 7/1/	04	Ending Date 6/	/30/05	a. Applicant 05	b. Pr	oject tatewide		
15. ESTIMATED FUN	DING:	L		16. IS APPLICATIONS ORDER 12372 PROCES		EW BY STATE EXECUTIVE		
a. Federal	\$2,9	77,000.00		a, Yes.	THIS PREAPPLIC	CATION/APPLICATION WAS MADE		
b. Applicant	\$5	95,400.00			12372 PROCESS	ABLE TO THE STATE EXECUTIVE ORDER PROCESS FOR REVIEW ON:		
c. State (incl. PVE)	\$4,6	00,786.56		b. No.	PROGRAM IS N	04 OT COVERED BY E.O. 12372		
d. Local		\$0.00				AS NOT BEEN SELECTED BY		
e. Other		\$0.00			STATE FOR REV			
f. Program		\$0.00		17. IS THE APPLIC	ANT DELINQU	ENT ON ANY FEDERAL DEBT?		
g. TOTAL				Yes If "Yes," attach an explanation.				
DOCUMENT HAS BEE!	N DULY AUTHO	GE AND BELIEF ALL DA RIZED BY THE GOVER SSISTANCE IS AWARDE	NING BODY OF	LICATION/PREAPPLIC THE APPLICANT AND	CATION ARE TR THE APPLICAN	UE AND CORRECT. THE T WILL COMPLY WITH THE		
a. Authorized Represe		2000			Middle	Name		
Prefix Mr.	First Na	Robert Robert	A		Suffix	L.		
	erkelsen					phonę Number (give area code)		
i .	ecutive Di			·	('	916) 654-4996		
d. Signature of Authoriz	ed Representa	tive			e. Date	e Signed		

APPLICATION FOR FEDERAL ASSISTANCE	<u>-</u>	2. DATE SUBMITTED		Applicant Iden	Vorsion 7/03
		04/28/04	11-11-1-1		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Construction	Construction 10	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier
Non-Construction	Non-Construction	13/11/			
5. APPLICANT INFORMATION			7-20-00-00-1-05-	P- 14. West annual	The state of the s
Logal Name:		1/4/1	Organizational Unit: Department:		PP-01%
St, Androw's Court Developmen	nt Corporation 2 3 2	104	, νς	alifornia Corpor	ration
Organizational DUNS: \ \ \ \ \ \ \	\ MILLI	\ \	Division:		
Addross: Street:	100	ATTAHISE!			rson to be contacted on matters
18543 Devenshire Street, #1442	ATE CLEARIN	10 MUUUU	involving this application	First Name:	a code)
101	Alle		Middlo Name	Leslio	19.5 (012 ml
City: L Northridge					
County;			Lasi Namo Gorospo	,	· ·
State: CA	Zip Code 91324		Suffix:		
Country: USA	13 / N Table 1 and	·	Email: loslie.gorospe@pnc.c	om	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give an		Fax Number (give area codo)
110-0003629]		415-733-1523		415-733-1555
8. TYPE OF APPLICATION:	7AVII/LUNIUS III.		7. TYPE OF APPLICA	NT: (See back	of form for Application Typos)
No.		n 🔲 Revision	Profit Organization		
lf Revision, enter appropriate lut (Soe back of form for description	of letters.)		Other (specify)		
Other (specify)	. book		9. NAME OF FEDERA US Department of Hot		n Development
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	E NUMBER:	11. DESCRIPTIVE TIT		
TITLE (Name of Program): Margage Insurance - Renial Ho 12. AREAS AFFECTED BY PR Los Angeles, CA		1 4 - 1 3 4 , Statos, otc.):	market-rate apartment	building that is bacing consis	construction of a 41-unit a near Los Angeles' downtown t of the proposed HUD loan and
13. PROPOSED PROJECT	e emilio de la destador-final de forse llandar que a mercana uma a mas		14. CONGRESSIONA	L DISTRICTS	OF:
Start Date: 6/2004	Ending Dale: 6/2005		a. Applicant		b. Project
15. ESTIMATED FUNDING:	0/2003		CA-27th District	SUBJECT TO	CA-34th District REVIEW BY STATE EXECUTIVE
	Security desired from	115	ORDER 12372 PROCE	SS?	
a, Fodoral \$		5,660,000			APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		459,188 '	PROCESS	FOR REVIEW	ON
q. State \$	Personal Landidables where be a continued to the second	00	DATE: 08	/05/2003	
d. Lucai s			b. No. ITI PROGRAM	A IS NOT COV	ERED BY E. O. 12372
c. Other \$		20	i i		T BEEN SELECTED BY STATE
f. Program Income		ם מיייי אווי אווי אווי אווי אווי אווי אוו			NT ON ANY FEDERAL DEBT?
g. TOTAL		6,119,188	☐ Yes If "Yes" attach	an explanation	. <u>P</u> No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	, ALL DATA IN THIS APPI GOVERNING BODY OF T	LICATION/PREAPPLIC	ATION ARE T	RUE AND CORRECT. THE
a, Authorized Representative Prefix	First Name Leslie	·	Middle	Vamo	
Lasi Nama Gorospe		· · · · · · · · · · · · · · · · · · ·	Suffix	720-	TV NV a visualization and the second
b. Titlo Mortgage Analyst	<u></u>		c. Teler 415-73	hone Number	(give area code)
d. Signature of Authorized Repre	sentalive	and the second s	lo. Dalo	Signed	
Previous Edition Usable	may my		4/28/04		Standard Form 424 (Rev.9-2003)
Authorized for Local Reproduction	00				Prescribed by OMB Circular A-102

Public Telecommunications Facilities Program APPLICATION Revised Form FOR PTFP FUNDS NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550 Use APPLICATION PART I 2. Employer ID#(EIN) 1. APPLICANT 95-6042721 San Diego State University Foundation 07-337-1346 Legal Name 3. DUNS # Organizational **KPBS** Station KPBS FM 89.5 Cell Malling Address (ling 1) Luttors 5250 Campanile Drive Radio MHz Channel Address (line 2 If required) Zlp 92182-City San Diego State-CA County San Diego Mlevy@feundation.sdsu.edu 4. Administrative Contact Jr. etc Position M. I. Last Name Mr., Ms., Dr. First Name Levy Wilton Grant Specialist Ms. Marni <u>619</u> 594-4950 Phone # (619) 594-2870 Fax # 5. Engineering Contact Full Name Mr. Leon Messenle Engineer (619) 594-8146 E-mail Tille Imessenie@kpbs.org Director of Engineering & IT 6s. Enter "Y" If 7. Enter "Y" if new 8. Enter the 6b. Old PROJECT INFORMATION Priority or Category under which Reactivation N File # FCC sulhorizations Y are required 9. Enter letter(s) to classify project you request the application be reviewed 10.Length of (R)adio or (T)V R (B)roadcast or (N)onbroadcast B 12 (P)lanning or Project (# of (C)onstruction or (BN) for both months) 11. Check ONE line which best describes your project and enter the number of persons that the project will benefit 1B REPLACE or augment BROADCAST EQUIPMENT NONBROADCAST NEW BROADCAST DIGITAL Entor the population in the appropriate column conversion of public radio activation or expansion or TV station 12. Single Congressional translator. Applicant Population Currently Served by station 53 de. 13. Other Cong. districts served by project (e.g. PA 1-3, NY 4, 5-8) First Service added by NEW proposed facility 49.50.51.52 167,518 ADDED SERVICE to those covered by others 15. Is application subject to review by Executive Order 12372? 16, is applicant delinquent on 14. ESTIMATED FUNDING (whole dollars) any Federal Debt? This application was made available to the a. Federal Request 120,189 State EO 12372 process for review on NO 03/30/2004 b. Applicant Share Enter YES or NO 120,189 If YES, attach explanation. NO Program Is not covered by EO 12372

			bellef, all data in this application are true and correct.
The document has been duly at Rules if the assistance is awarded	uthorized by the governing board of the applicant and t Phone # (61)	he applicant will co 9) 594-6622	mply with the attached assurances and the PTFP
Mr., Ms Dr. First Name	M. I. Last Name	Jr. etc	Position
Ms. Camille	Nebeker		Interim Assistant VP for Research
Elgnature of authorized representative	miles Stoller	Date signed	3/25/04
and the second second		This form expires	10/31/2006 Previous Editions NOT usable

1

or Program has not been selected by State for review

Authorized for Local Reproduction

779-1

c. TOTAL

d. Fed, % of eligible costs

kpbsfm04

240.378

50,00

This form expires 10/31/2006 Previous Editions

1. TYPE OF SUBMISSION: Application T Construction		2. DATE SUBMITTED		Applicant Ide	entition
• •		4/30/04 3. DATE RECEIVED BY	YSTATE	State Applie	ation Identifier
Construction	Pro-application	1		Otato Applica	anon identifier
	Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	f cdoral Iden	tifier
☑ Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:	NC				1 1
	- C [7	NED	Organizational Unit: Department:		2 11 11 11 11 11 11 11 11 11 11 11 11 11
Alamoda Point Collaborative	TO E G E		1		
Organizational DUNS: 003685489	1101-		Division:		
Address:	11.51		Name and telephone	number of p	erson to be contacted on matte
Street: 677 Ranger Avc.	APR 3	0 2004	involving this application Prelix:	ation (glvc ar Tirst Namo:	oa code)
Dity; Alameda		THE HOLICE	Mr. Middle Name	Doug	
County:	STATE OLEA	ARING HOUSE	Last Name		e man a second
Alameda Sinte: CA	7ip Code 94501		Biggs Sulfix:		
Country: JSA	. 1 34501		Email:		
	ION NUMBER (50/0)		dbiggs@apcollaborati		·γ
. EMPLOYER IDENTIFICAT			Phone Number (give at	en code)	Fax Number (give area code)
9 4 - 3 3 6 1 4 6	4	COMPANIENT AND A LABOR TO THE COMPAN	(510)898-7849		(510)898-7858
TYPE OF APPLICATION:	• p	n /	7. TYPE OF APPLICA	NT: (See bad	k of form for Application Types)
ル N∈ Revision, enter appropriate le	eller(s) in box(es)	n l'Revision	O non-profit Organizat	ion	
ee back of form for description	on of letters.)		Other (specify)		
ther (specify)			9. NAME OF FEDERA Environmental Protecti		* Arma 1 - Mars 1 to Communication and Arman Communication (1)
O. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TIT	LE OF APPLI	CANT'S PROJECT:
ITLC (Namo of Program): nvironmental Justice Hazard 2. AREAS AFFECTED BY Pl ity of Alamoda, CA	ous Substances Research ROJECT (Citios, Counties,	6 6 - 6 0 4 Small Grants Statos, otc.):	Multiple toxic contamir Alameda Point.	nation effecting	low income community at
3. PROPOSED PROJECT			14, CONGRESSIONAL	DISTRICTS	OF-
tan Date:	Ending Date:		a. Applicant	_ DISTRICTS	b. Project
0/30/04	09/30/05		CA 13th		CA 13th
ESTIMATED FUNDING:			16, IS APPLICATION	SUBJECT TO	REVIEW BY STATE EXECUTIV
	41× 1141	nn	ORDER 12372 PROCE	SS? APPLICATION	/APPLICATION WAS MADE
Federal		25,000 ·	a. res. M. AVAII ABLI	E TO THE STA	NTE EXECUTIVE ORDER 1237;
	•	<u> </u>	PROCESS	FOR REVIEW	V ON
Applicant S			DATE: 4/3		VON
Federal \$ Applicant \$ State \$ Local \$			DATE: 4/3	0/04	V ON FRFD BY E. O. 12372
Applicant S			DATE: 4/3 b. No. [IT] PROGRAM	0/04 HS NOT COV RAM HAS NOT	
Applicant S State 5 Local \$,	DATE: 4/3 b. No. [T] PROGRAM [T] OR PROGI FOR REVIE	0/04 I IS NOT COV RAM HAS NOT FW	FRFD BY E. O. 12372

APR. 26. 2004 3:46PM TER JE LOWELL&ASSO

NO. 118 P. 3/3

					Varsion 7/03
PPLICATION FOR		2. DATE SUBMITTED 23 2	2011	Applicant identifi	ier
EDERAL ASSISTANCE		1. UATE RECEIVED BY	STATE	State Application	1 loanblier
TYPE OF SUBMISSION: pplication	Pre-application	A DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifia	1
	Construction			1	
Non Company (IVA)	Non-Construction				750
APPLICANT INFORMATION			Organizational Unit	CITY	F COLKAX
gel Name:	FAV		Depurtment		
CITY OF COL			OMEION:		
	49152	77 57 70	Name and tolephor		son to be contacted on matters
ddress:	E G E I	WEIN	Involving this appli	Elen Name:	t 1
reet: P.O. Bax 702, 33 S. Main Sh	had the		Prefix: Mr.	First Name: Ro	bed
		2001	Middle Name		
county: DI	H APR 3 U	ZUU4 [L]	Last Numa Peri	ault	
ricion 1 mm	Zip Code 957/3		Suffix City	Manager	
country (100)		MO HOLICE	Email: Coffax		
1/54	TATE CLEAR	TAND LICENTE	Phone Number (ohe	Brisa codio)	Fax Number (gwe area code)
EMPLOYER DENTIFICATIO	ON NUMBER (EIN):		(530) 346-	23/3	(530) 346-6214
94-600030	3		T TYPE OF APPLIA	CANT: (See back	of form for Application Types)
TYPE OF APPLICATION:		_	1. THE OF AFTO	4/.4-1	-inal
BO Na	Continuat	on Revision		C. Muni	Cipai
Revision, enter appropriate let	uby(s) in box(es)	-	Other (specify)		
98 pack of total for peacifying			1 NAME OF FEDE	RAL AGENCY:	
Other (specify)			USDA. Rum	Developme	nt Rural Utilities Service
10. CATALOG OF FEDERAL	-ALECTIC ACCISTA	NCE NUMBERS	11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:
10. CATALOG OF FEDERAL	DOMESTIC Masiativ		CITY	OF COLFAX	WASTEWATER
				MENT PLAI	
TITLE (Name of Program): WATER & WAST 12 AREAS AFFECTED BY P	E DISPOSAL LO	CANGGRANT PROGRE	M /REA/		
12 APEAS AFFECTED BY P	ROJECT (Cities, Coun	ves, States, olc.):	IMPROV	EMENTS P	KOVECI
city of Colfax; P	Placer County; C	alHorn va	1	SICYPICTS	05-
13. PROPOSED PROJECT			14 CONGRESSIO	NAL DISTRICTS	b. Project
Cont Date:	Enging Date:	2007	a. Applicant 4		same
5- sina Klimmor 200	4 Summer	2006	16, IS APPLICATI	ON SUBJECT TO	REVIEW BY STATE EXECUTIVE
14 ESTURATED FUNDING:			ORDER 12372 PB	OCESS7	NA DELICATION WAS MADE
a. Federal	\$	6,776,000	a. Yes. AVAII	ABLE TO THE ST	TATE EXECUTIVE ORDER 12372
A Appliance			PROC	ESS FOR REVIE	WON
b. Applicant		1100,000	DATE	April 2	3, 2 0 04
C. SINA	-		- PRO	GRAM IS NOT CO	VERED BY E. O. 12372
d. Local	<u> </u>		ORP	ROGRAM HAS NO	OT BEEN SELECTED BY STATE
a Other	3	•			ENT ON ANY FEDERAL DEBT?
f. Program Income	2				/ -
g. IOTAL	2	7,176,000		tech an explanation	THE AND CORDECT THE
			OF THE APPLICANT	AND THE APPLIC	TRUE AND CORRECT, THE ANT WILL COMPLY WITH THE
DOCUMENT HAS BEEN DU ATTACHED ASSURANCES	IF THE ASSISTANCE	IS AWARDED.			
a. Authorized Begresentative	1		М	iddle Nama	
Prefox Mr	First Name Rot	bert	0,	uthix	
Less Name Perrault			1		er (nive area code)
b. Tille Cit Mak	Prope		<u>j</u>	Yelephone Number (530) 34	46-23/3
	and the second s		e.	Oute Signed Ap	ril 23 2004 Standard Form 424 (Rev. 0-200
Presents Edition Usable					Prescribed by OMB Circular A-1
Authorized for Local Reprodu					

FEDERAL ASSISTANC	<u>-</u> γ	2. DATE SUBMITTE		Applicant Id	entifier 90EF0055/03	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED			State Application Identifier	
Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGENC	Y Federal Ider	tifier	
Non-Construction	Non-Constructi	on		1.		
 APPLICANT INFORMATION Legal Name: 	<u> </u>					
-			Organizational Ur Department:	nit:		
Organizational DUNS:	unity Assistance Com	poration	Envir	onmental Depart	ment	
09358	7368		Division:			
Address: Street:			Name and telepho	ne number of p	erson to be contacted on matte	
	aboard Drive, Suite 20)1	involving this app	lication (give a	ea code)	
			Prefix:	First Name:	Frank	
City: West Sacra	mento		Middle Name		T. Carrette	
County: Yolo County			Last Name	1-4		
State: CA	Zip Code		Suffix:	TUCK		
Country:	956	91	Emails			
USA	NI 1440 ID 6			k@rcac.org		
6. EMPLOYER IDENTIFICATION	, ,		Phone Number (give	area code)	Fax Number (give area code)	
94-2512284			916/447-9832 x110		916/447-2878	
B. TYPE OF APPLICATION:	-		7. TYPE OF APPLI	CANT: (See ba	ck of form for Application Types)	
Revision, enter appropriate let	ter(s) in havies)	ition 🔙 Revision	O. Not for	profit organizatio	n	
See back of form for description	of letters.)		Other (specify)			
Other (specify)		U	9. NAME OF FEDE DHHS ACF/OCS	RAL AGENCY:		
0. CATALOG OF FEDERAL	DOMESTIC ASSISTA	NCE NUMBER:	1 '	TITLE OF APPL	ICANT'S PROJECT:	
TITLE (Name of Program): Rural Community Development	Activities Program	93-570	Community Facility Program Area 2.0			
12. AREAS AFFECTED BY PR		•				
Rural areas in: AK, AZ, CA, CO	, HI, ID, NV, NM, OR,	UT, WA	·			
Start Date:	Ending Date:		14. CONGRESSION a. Applicant	IAL DISTRICTS		
9/30/02		9/29/05		a District 1	b. Project Various (see # 12)	
5. ESTIMATED FUNDING:			16. IS APPLICATIO ORDER 12372 PRO	N SUBJECT TO	REVIEW BY STATE EXECUTIV	
. Federal \$	The state of the s	1.000.000	THIS PI	REAPPLICATION	VAPPLICATION WAS MADE	
. Applicant 51	TED	1,000,000	AVAILA	BLE TO THE ST	ATE EXECUTIVE ORDER 12372	
State RECK	V	400,000	PROCE	SS FOR REVIE	N ON	
State	2004	138,053	DATE:	4/27/04		
Local APR SZ	9 200		b. No. PROGR	AM IS NOT COV	'ERED BY E. O. 12372	
Other \$	ING HOUSE	2,413,382	OR PRO	GRAM HAS NO	T BEEN SELECTED BY STATE	
Program Income TATE CL	A FILL OF THE PARTY OF THE PART	w	FOR RE	VIEW	NT ON ANY FEDERAL DEBT?	
TOTAL \$		00 061 405 °	Yes If "Yes" attac			
8. TO THE BEST OF MY KNO	WLEDGE AND BELIE	3,951,435 EF. ALL DATA IN THIS AF	DI 10 1 71 0 11/2			
			THE APPLICANT AND	THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
TACHED ASSURANCES IF T Authorized Representative	HE ASSISTANCE IS	AWARDED.				
refix	First Name William		Middle	Name		
ast Name rench			Suffix			
Title			c Tale	phone Number	(dive area codo)	
					(4)YG 8/8/16 (38/14)	
Chief Executive Officer Signature of Authorized Repres	entative / /	- French		47-2854 e Signed		



FEDERAL ASSISTANCE		2. DATE SUBMITTED			Applicant Identifier		
		3. DATE RECEIVED BY	04/26/20	104	State Application Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application						
☐ Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL	AGENC	Federal Identif		
■ Non-construction	☐ Non-construction		-			2060 (Rev 0)	
5. APPLICANT INFORMATION Legal Name:	1		Organizat	ional Uni	t:		
Oakland Community Hou	using Incorporated		Departmen	n# I	ces Departmer	nt	
Organizational DUNS:	ising incorporated		Division:		oco Doparamer		
(04-994-4846		 ,	l delember	a number of per	son to be contacted on matters	
Address: Street: 2030 Franklin St.	6 Floor	<u> </u>	⊅invbl∛ihdi	this appl	cation (give area	code)	
2030 Trankin Ot.		•	Prefix: M	9	First Name:	Kaia	
City:		APR 2 9 2004	Middle Nai	me:			
Oakland County:		APR 2 9 2004	Last Name		rkett		
Alameda					ward		
State: CA	Zip Code: 94612 T 29	14 CLEARING H	SYTTSE				
Country:	Oin	how had been taked in him to see him		kho	ward@ochi.or	α	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN)		Phone Nur		e area code):	Fax Number (give area code):	
94-2377749			510 - 76	33 - 767	6 Ext. 306	510 - 763 - 7730	
8. TYPE OF APPLICATION:			7. TYPE O	F APPLIC	CANT: (See back o	of form for Application Types)	
■ Ne	w 🗆 Continuation	Revision	O. Not fo	or Profit	Organization		
If Revision, enter appropriate le (See back of form for description	tter(s) in box(es)	_	Other (ene	aif ()			
			Other (spec	спу)			
Other (specify)			9. NAME (OF FEDER	RAL AGENCY:	rmation Administration	
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANCE	NUMBER:	11. DESCI	RIPTIVE 1	TILE OF APPLIC	ANT'S PROJECT:	
		11-552	Commur	nity Tecl	nnology and Int	ternet Access Project	
TITLE (Name of Program): Tec	hnology Opportunities Pro	gram					
12. AREAS AFFECTED BY PF	O IECT (Cities Counties	States etc.):					
Alameda and Contra Cos		Claicos, cio.y.					
13. PROPOSED PROJECT			14. CONG	RESSION	AL DISTRICTS O	F:	
Start Date: 10/01/2004	End Date: 09/30/2	2007	a. Applicar	nt: 9		b. Project: 9	
15. ESTIMATED FUNDING:	09/30//	2001				REVIEW BY STATE EXECUTIVE	
		.00 .75 .00	ORDER 12			APPLICATION WAS MADE	
a. Federal)	498,275	a. Yes. ■	AVAILA	BLE TO THE STA	TE EXECUTIVE ORDER 12372	
b. Applicant		337,118 ^{.00}				OIV	
c. State	3	0.00			04/26/2004		
d. Local	S	0 .00	b. No. 🗆			RED BY E. O. 12372	
				OR PRO	OGRAM HAS NOT	BEEN SELECTED BY STATE	
e. Other)	204,256 ^{.00}					
f. Program Income	5	0 .00	17. IS THE	APPLICA	ANT DELINQUEN	T ON ANY FEDERAL DEBT?	
g. TOTAL	6	1,039,649 .00	☐ Yes If '	"Yes" atta	ch an explanation.	■ No	
18. TO THE BEST OF MY KNO	OWLEDGE AND BELIEF.	ALL DATA IN THIS APP	LICATION	PREAPP	ICATION ARE TI	IRE AND CORRECT. THE	
ATTACHED ASSURANCES IF	Y AUTHORIZED BY THE	GOVERNING BODY OF	THE APPL	ICANT AN	ID THE APPLICA	NT WILL COMPLY WITH THE	
a. Authorized Representative Prefix	First Name			Mid	dle Name		
Mr.	Dwight				Erwin		
Last Name Dickerson				Suf			
b. Title Executive Dire	octor			c. Ţ	elephone Number 10 - 763 - 7676	(give area code)	
d. Signature of Authorized Rep)		Date Signed	123/04	
	1	-			7/	-2101	

OMB Approval No. 0348-0043 2. Date Submitted Applicant Identifier APPLICATION FOR FEDERAL ASSISTANCE 3. Date Rec'd by State State Application Identifier 1. Type of Submission: Preapplication Application 4. Date Rec'd by Federal Federal Identifier Construction Construction Nonconstruction X Nonconstruction G Organizational Unit: 5. Applicant Information: Division of Water Quality Legal Name and Address: Name and telephone of person to be contacted on matters (give city, county, state, and zip code) involving this application (give area code): State Water Resources Control Board Greg Frantz 1001 I Street, Sacramento County (916) 341-5553 Sacramento, California 95814. STATE CLEARING HO HCC 6. Employer Identification Number (EIN): 68-0281986 7 Type of Applicant: (enter appropriate letter) A H. Independent School District A. State B. County 1. State Institute of Higher Learning 6. DUNS Number: 808321913 C. Municipal J. Private University 8. Type of Application: ___ Continuation D. Township K. Indian Tribe X New Revision E. Interstate L. Individual If Revision, enter appropriate letter(s): M. Profit Organization F. Intermunicipal A. Increase Award B. Decrease Award N. Other (specify) G. Special District D. Decrease Duration C. Increase Duration Other (specify) 9. Name of Federal Agency: 10. Catalog of Federal Domestic Assistance Number U. S. Environmental Protection Agency 11. Descriptive Title of Applicant's Project: Water Quality Management Planning 205(j)(2) Title: Oversee and manage water quality planning projects as authorized by State law or local ordinance, to assure the 12. Area Affected by Project: maintenance, restoration, enhancement, and protection of water (cities, counties, states, etc.) quality in the environment. California 13. Proposed Project: End Date 14. Congressional District of: Start Date Applicant: Project: 12/31/08 7/1/04 California - All 16. Is the application subject to review by the State 15. ESTIMATED FUNDING: Executive Order (EO) 12372 process? _X_ This application/preapplication was made a. YES: \$498,575 a. Federal available to the State EO 12372 process for \$0 b. Applicant review on: \$0 c. State Date: April 29, 2004 \$0 d. Local Program is not covered by EO # 12372 b. NO: c. Other - "In-Kind" Services \$575,238 Program has not been selected by the f. Program Income **\$**0 state for review. 17. Is the applicant delinquent on any Federal deht? \$1,073,813 g. TOTAL YES, attach explanation X NO 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED c. Telephone Number b. Title: a. Typed Name of Authorized Representative (916) 341-5615 **Executive Director** Celeste Cantú e. Date Signed: d. Signature of Authorized Representative

APPLICATION FOR	_	O DATE CURMITTED		Applicant Iden	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED 4/27 3. DATE RECEIVED BY	12004		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal Identif	ier
Non-Construction	Non-Construction				MANUAL MA
5. APPLICANT INFORMATION Legal Name:			Organizational	Unit:	
1 -	acharla A	//:>	Department:	Jiir.	
Community T Organizational DUNS: D-	echnology 17	MIGNICE	Division:		
	- 1688437		Name and talen	hone number of no	rson to be contacted on matters
Address: Street:				nnlication (give are	a code)
11CES	ISH ROAD	SUITE ZZZ	Prefix: Mc.	First Name: R	a ymand
City:	•		Middle Name		Mene
County: SANTA C	CARA Zip Code 9511		Last Name	Allen	
State: CA	Zip Code 9511	>	Suffix:		
Country:	1 1		Email:	ray Octaco	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give area code)	Fax Number (give area code)
77-0236926			408 - 43	7-9170	408-437-9/69 c of form for Application Types)
8. TYPE OF APPLICATION:			7. TYPE OF APP	PLICANT: (See back	of form for Application Types)
If Revision, enter appropriate let		n Revision	0, 1	Not for Pro	ofit Organization
(See back of form for description	of letters.)		Other (specify)		\mathcal{J}
Other (specify)			9. NAME OF FEDERAL AGENCY:		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	CE NUMBER:	11. DESCRIPTIV	/E TITLE OF APPLI	CANT'S PROJECT:
NTIA / TOP		11-552			
TITLE (Name of Program):		TITI-FISIS	Wi-	Fi kiosk	Project
12. AREAS AFFECTED BY PR	OJECT (Cities, Countie	s. States, etc.):		,	
IZ. AITERO AITEOTES ST. I.	(0.000)	o, o.a,			
13. PROPOSED PROJECT			14. CONGRESS	IONAL DISTRICTS	OF:
Start Date: 11 / 1 2004	Ending Date:	12006	a. Applicant	16+4	b. Project 16 +4
15. ESTIMATED FUNDING:	7/30	7 200 %	OPNED 12272 D	BUCESSO	REVIEW BY STATE EXECUTIVE
a. Federal \$		4,000	THIS	S PREAPPLICATION	VAPPLICATION WAS MADE
b. Applicant DEC	=IVEU 1	00	⊣ ~ * /	NLABLE TO THE ST. DCESS FOR REVIEW	MIL LALCOTTAL ONDER 12372
, MLO	- 0004	<u>oo</u> .	DAT	E: 4/27/2	.oo4
1 APR	2 9 2004	<u>o</u> .			/ERED BY E. O. 12372
d. Local \$		<i>D</i> .	D. 190.		
e. Other STATE CL	EARING HOUSE	4.000		PROGRAM HAS NO REVIEW	T BEEN SELECTED BY STATE
f. Program Income \$		٥			NT ON ANY FEDERAL DEBT?
g. TOTAL \$	34	8,000	Yes If "Yes"	attach an explanatior	n. Lino
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREA THE APPLICANT	PPLICATION ARE 1 AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative			IN	liddle Name	
Last Name	וראר	YMOND		uffix	·
	ALLEN				(give area code)
	E DIRECTOR			Telephone Number	(give area code) 437 9170
d. Signature of Authorized Repr	esentative	e nen	e	. Date Signed	4/27/2004.
Previous Edition Usable Authorized for Local Reproducti	$_{on}$	r -			Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR						Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED April 23 2	0011	Ар	plicant Ideni	tifier
1. TYPE OF SUBMISSION:	The Principle of the Pr	3. DATE RECEIVED BY		Sta	ate Application	on Identifier
Application	Pre-application					
☐ Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	ENCY Fe	deral Identifi	ier
Non-Construction	☐ Non-Construction					
5. APPLICANT INFORMATION			Organizationa	al Unit:	ITY C	F COLFAX
Legal Name:			Department:	ai Oille. D		OF COLPAN
CITY OF COL	<u>rax</u>		<u> </u>		***************************************	***************************************
Organizational DUNS: 0049	749152		Division:			
Address:			Name and tele	ephone nu	mber of per	son to be contacted on matters
Street: P.O. Bax 702			involving this	applicatio	n (give area	a code)
33 S. Main St	reet		Mr.		st Name:	sbert
City: Colfax			Middle Name			
County: Placer				errau	<i>l†</i>	
California	Zip Code 95713		Suffix: Ci7	tu Ma	nager	•
Country: USA			Email: COl-	,	/	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number	r (give area o	code)	Fax Number (give area code)
94-60003113			(530) 34	46-231	3	(530) 346-6214
8. TYPE OF APPLICATION:	<u> </u>		7. TYPE OF A	PPLICANT	: (See back	of form for Application Types)
Nev Nev	∨ ☐ Continuatio	n 🔲 Revision			Muni	ripal
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es)		Other (specify)		1 10///	
(OGG BUCK OF TOTAL TOT GGGGAPAGA						
Other (specify)			9. NAME OF F	EDERAL A	GENCY:	+ Pumlittiti Cania
10. CATALOG OF FEDERAL I	OMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPT	TIVE TITLE	OF APPLIC	nt, Rural Utilities Service
			1			
TITLE (Name of Program):		10-760	C//			WASTEWATER
TITLE (Name of Program): WATER & WASTE 12. AREAS AFFECTED BY PR	E DISPOSAL LOA	NAGRANT PROGRAN	1 PE		T PLAK	
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.):	IMPR	COVEME	ENTS PA	COJECT
city of Colfax; Pla	acer County; Car	morn be				
13. PROPOSED PROJECT	TE " B.		14. CONGRES	SSIONAL D	ISTRICTS C	
Start Date: Spring/Summer 2004	Ending Date: Summer &	2006	a. Applicant	4		b. Project Same
15. ESTHMATED FUNDING:	100,1101					REVIEW BY STATE EXECUTIVE
a. Federal \$		C 77C A4500	ORDER 12372	PROCESS	i? PLICATION	APPLICATION WAS MADE
		6,776,000	AV	VAILABLE I	OINESIA	TIE EXECUTIVE ORDER 123/2
b. Applicant \$		7460,000."	}		OR REVIEW	
c. State	SEIVED.	.00	DA DA	ATE: AP	ril 23,	, 2004
d. Local	JEIVE		b. No. 🔲 PF	ROGRAM IS	NOT COVI	ERED BY E. O. 12372
e. Other	PR 2 9 2004	.00		R PROGRA		F BEEN SELECTED BY STATE
f. Program Income \$.00	17. IS THE AP	PLICANT	DELINQUEN	NT ON ANY FEDERAL DEBT?
g. TOTAL STA	CLEARING HOUS	7,176,000 · "	Yes If "Yes	s" attach an	explanation.	. No
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF	ALL DATA IN THIS APP	LICATION/PRE	APPLICAT	ION ARE T	RUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF			THE APPLICAN	IT AND THE	E APPLICAT	NT WILL COMPLY WITH THE
a, Authorized Representative	Tri			Middle Nar		
Prefix Mr.	First Name Robe	rt		ivildale ival	ne	
Last Name Perrault				Suffix		
b. Title C.1	20°			c. Telephor	ne Number (give area code) 6-23/3
d. Signature of Kuthdrized/Repre	ger sentative			e. Date Sig		1020001
Previous Edition Usable	aly.			L	April	/ 23,2004 Standard Form 424 (Rev.9-2003)
Authorized for Local Reproduction	n					Prescribed by OMB Circular A-102

APPLICATION FOR				Olvib Approval	
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED		Applicant Identifier	
I EDERGIE / GOGO I / W		April 23			
1. TYPE OF SUBMISSION:	Preapplication	3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction	✓ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction			A CONTRACTOR OF THE CONTRACTOR	
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:		
Monterey Park Tract	Community Service	ces District	N/A	umber of person to be contacted on m	natters involving
Address (give city, county, State,	and zip code):		this application (give ar		iattora irrorring
P.O. Box 1301			David McNeir		
Ceres, CA 95307			209/541-1563		
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)	\overline{a}
5 5 - 0 8 6 3					G
			A. State B. County	H. Independent School Dist. I. State Controlled Institution of Highe	er Learning
8. TYPE OF APPLICATION:			C. Municipal	J. Private University	
✓ New	Continuation	Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual	
The vision, enter appropriate res			F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Dec	rease Award C. Increas	e Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(specify):		- WALE OF FEDERA	I ACENCY.	
			9. NAME OF FEDERA	L AGENCT:	
			USDA, Rural Dev	velopment	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:	
		1 0 - 7 6 3	Monterey Park T	ract Clean Water Project.	
			in one of the second	,	
TITLE: Emergency	Community Water Ass	sistance Grants	-		
12. AREAS AFFECTED BY PRO					
Monterey Park Tract Com	nmunity Services Distr	rict, Stanislaus Coun	t'		
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project		
8/1/04 11/1/04		ardoza		18th Cardoza	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE	EXECUTIVE
			ORDER 12372 PF	ROCESS?	
a. Federal	\$	426,400 ^{.00}	. VEC THIS DDE	APPLICATION/APPLICATION WAS M	MADE
		00		E TO THE STATE EXECUTIVE ORDE	
b. Applicant	\$	0	1	FOR REVIEW ON:	
c. State	\$	0	DATE	04/26/04	
d. Local	GEIVED	0.00			70
r/' '-	N BR 2 9 2004	00		AM IS NOT COVERED BY E. O. 1237 GRAM HAS NOT BEEN SELECTED I	
e. Other	APR 2 9 2004	0.	FOR RE		51 01/112
f. Program Income	ECLEARING HOUSE	0.00	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERA	L DEBT?
g. TOTAL	\$	426,400	-	attach an explanation.	No
10 TO THE BEST OF MV KNO	WI EDGE AND BELIEF A	LL DATA IN THIS APPLI	CATION/PREAPPLICA	TION ARE TRUE AND CORRECT, T	HE
DOCUMENT HAS BEEN DULY	Y AUTHORIZED BY THE G	OVERNING BODY OF T	HE APPLICANT AND T	HE APPLICANT WILL COMPLY WIT	H THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AW	ARDED.			
a. Type Name of Authorized Re		b. Title		c. Telephone Number (209) 541-1563	
David McNeir		President		e. Date Signed	
d. Signature of Authorized Repr	esentative/			e. Date Signed	

APPLICATION FOR	15	-			Version 7/03
FEDERAL ASSISTANCE	<u> </u>	2. DATE SUBMITTED April 27, 2004		Applicant Iden	
1. TYPE OF SUBMISSION:	Dec coellection	3. DATE RECEIVED BY S	STATE	State Applicati	on Identifier
Application	Pre-application	4. DATE RECEIVED BY F	EDERAL AGENC	Y Federal Identif	ier
Construction	Construction				
Non-Construction 5. APPLICANT INFORMATION	☑ Non-Construction				
Legal Name:			Organizational U	Init:	
Foundation for California Comm	nunity Colleges		Department:		
Organizational DUNS:			Division:		
Address:		7 15 U V 15 17			rson to be contacted on matters
Street:	- 15 0		Prefix:	plication (give are First Name:	a code)
140 Mayhew Way, Suite 401	·	and the second s		Jeff	
City: Pleasant Hill			Middle Name		
County: Contra Costa			Last Name Tschudi		
State: CA	Zip Code 94523	CLEARING HOUS	Suffix:		
Country: United States of America	OTTITE	The state of the s	Email: tschudi@foudatio	onccc.org	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (g	ive area code)	Fax Number (give area code)
68-0412350			925-287-0275		925-287-0358
8. TYPE OF APPLICATION:			7. TYPE OF APP	LICANT: (See bac	k of form for Application Types)
V. Ne	w Îl Continuatio	on TRevision	0		
If Revision, enter appropriate let (See back of form for description	tter(s) in box(es) n of letters.)	_	Other (specify)		
Other (specify)			9. NAME OF FEI Department of Co	DERAL AGENCY:	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIV	E TITLE OF APPL	CANT'S PROJECT:
		1 1-5 5 2			everaging Resources and
TITLE (Name of Program):			Overcoming Dist	tances	
Technology Opportunities		01.15	-		
12. AREAS AFFECTED BY PE					
Cities: Alameda, Modesto, (TB	D) Counties:Alameda, Si	tanislaus, (TBD) States:CA		IONAL DISTRICTS	OF.
13. PROPOSED PROJECT	Ending Date:		a. Applicant	IONAL DISTRICTS	b. Project
Start Date: October 1, 2004	September 30, 2007	7	10, 5		13, 18
15. ESTIMATED FUNDING:	,,		ORDER 12372 P	ROCESS?	REVIEW BY STATE EXECUTIVE
a. Federal		695.700 ·	a. Yes. 🛛 THIS	PREAPPLICATIO	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
b. Applicant	5	000,700		CESS FOR REVIE	
c. State	Б	.00	DAT	E: April 27, 2004	
d. Local	\$. 08	D. 140' 11 1		VERED BY E. O. 12372
e. Other	5	714,040	☐ FOR	REVIEW	OT BEEN SELECTED BY STATE
f. Program Income	\$. 00	17. IS THE APP	LICANT DELINQUI	ENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	1,409,740	1	attach an explanatio	
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	Y AUTHORIZED BY THE	E GOVERNING BODY OF '	PLICATION/PREA THE APPLICANT	PPLICATION ARE AND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative			la .	1iddle Name	
Prefix	First Name				
Last Name			ŀ	uffix	
b. Title				. Telephone Numbe	r (give area code)
d. Signature of Authorized Rep	resentative		e	. Date Signed	

Apr 28 04 11:33a

OMB Approval No. 0348-0043
Applicant Ident

916 341 5147

	ERAL ASSISTANCE	2. Date Submitted	Applicant Identifier
Type of Submission:		3. Date Rec'd by State	State Application Identifier
	pplication		171 16
	Construction	4. Date Rec'd by Federal	Federal Identifier
Nonconstruction	Nonconstruction		
Nonconstruction	=		
Applicant Information:		Organizational Unit:	
gal Name and Address:		Division of Financial Assistance	
ve city, county, state, and zip	code)	Name and telephone of person to be of	contacted on matters
State Water Reson	rces Control Board	involving this application (give area	:ode):
1001 I Street, Sac	ramento County	Lauma Jurkevics	
Sacramento, Calif	ornia 95814	(916) 341-5498	
Sacramento, Cam	Office 5551		
Employer Identification Nun	nber (EIN): 680281986	7. Type of Applicant: (enter appropr	iate letter)A
Employer Identification Pun		A. State H. Indep	endent School District
DITINIC Number 20022	1913		institute of Higher Learning
DUNS Number: 80832	1713	C. Municipal J. Privat	e University
Type of Application:	Continuation	D. Township K. India	n Tribe
		E. Interstate L. Indiv	
Revision, enter appropriate le	B. Decrease Award	F. Intermunicipal M. Prof	it Organization
. Increase Award	D. Decrease Duration		r (specify)
. Increase 2 are			
other (specify)		9. Name of Federal Agency:	•
a 5 1 CD 1 1 Demost	in Assistance Number and IP	TI C Farmanian P	rotection Agency
0. Catalog of Federal Domest	tic Assistance Number W	3_\ln\\	
66.460	Inplementation Grants	Descriptive Title of Applicant's	Project:
itle: Nonpoint Source	Unprementation Grants		
/	1000	Implement and coordinate activities	and projects under the
		Clean Water Act, Section 319(H) fo	r funding nonpoint source
2. Area Affected by Project:			
cities, counties, states, etc.)	- millar	JOHNSET	
California	STATE CLEARING!	1000	
3. Proposed Project:	land Date	14. Congressional District of:	
Start Date	6/30/09	Applicant: Project:	
7/1/04	0/30/07	3 Californ	
15. ESTIMATED FUNDING		16. Is the application subject to rev	iew by the State
13. ESTIMATED FUNDING		Executive Order (EO) 12372 proce	ss?
- Fodoral	\$12,467,722	a. YES: X This applicati	on/preapplication was made
a. Federal	\$0	available to the State	EO 12372 process for
h Amplicant	**		
	\$8 478 481	review on:	
b. Applicant c. State	\$8,478,481 \$0	Date:	April 28, 2004
c. State d. Local	\$0	b. NO: Program is no	ot covered by EO # 12372
c. State d. Local e. Other - "In-Kind"	\$0 \$250,000	b. NO: Program is no	
	\$0	b. NO: Program is no	nt covered by EO # 12372 not been selected by the
c. State d. Local e. Other - "In-Kind" f. Program Income	\$0 \$250,000 \$0	b. NO: Program is no Program has state for revie	ot covered by EO # 12372 not been selected by the ew. any Federal debt?
c. State d. Local e. Other - "In-Kind"	\$0 \$250,000	b. NO: Program is no Program has state for revie	ot covered by EO # 12372 not been selected by the
c. State d. Local e. Other - "In-Kind" f. Program Income g. TOTAL	\$0 \$250,000 \$0 \$21,196,203	b. NO: Program is no Program has state for revie	of covered by EO # 12372 not been selected by the ew. any Federal debt? XNO
c. State d. Local e. Other - "In-Kind" f. Program Income g. TOTAL	\$0 \$250,000 \$0 \$21,196,203	b. NO: Program is no Program has state for revie 17. Is the applicant delinquent on YES, attach explanation	of covered by EO # 12372 not been selected by the ew. any Federal debt?XNO EAPPLICATION ARE
c. State d. Local e. Other - "In-Kind" f. Program Income g. TOTAL	\$0 \$250,000 \$0 \$21,196,203 KNOWLEDGE AND BELIEF, A	b. NO: Program is no Program has state for revie 17. Is the applicant delinquent on YES, attach explanation	of covered by EO # 12372 not been selected by the ew. any Federal debt?XNO EAPPLICATION ARE NO BOARD OF THE
c. State d. Local e. Other - "In-Kind" f. Program Income g. TOTAL	\$0 \$250,000 \$0 \$21,196,203 KNOWLEDGE AND BELIEF, A	b. NO: Program is no Program has state for revie 17. Is the applicant delinquent on YES, attach explanation	of covered by EO # 12372 not been selected by the ew. any Federal debt?XNO EAPPLICATION ARE NO BOARD OF THE
c. State d. Local e. Other - "In-Kind" f. Program Income g. TOTAL 18. TO THE BEST OF MY TRUE AND CORRECT, TH APPLICANT, AND THE AF	\$0 \$250,000 \$0 \$21,196,203 KNOWLEDGE AND BELIEF, A	b. NO: Program is no Program has state for revie 17. Is the applicant delinquent on YES, attach explanation	of covered by EO # 12372 not been selected by the ew. any Federal debt?XNO EAPPLICATION ARE NO BOARD OF THE
c. State d. Local e. Other - "In-Kind" f. Program Income g. TOTAL 18. TO THE BEST OF MY TRUE AND CORRECT, TH APPLICANT, AND THE AF IS AWARDED.	\$0 \$250,000 \$0 \$21,196,203 KNOWLEDGE AND BELIEF, A E DOCUMENT HAS BEEN DUI PPLICANT WILL COMPLY WIT	b. NO: Program is no Program has state for revie 17. Is the applicant delinquent on YES, attach explanation LL DATA IN THIS APPLICATION/PRELY AUTHORIZED BY THE GOVERNING THE ATTACHED ASSURANCES IF	of covered by EO # 12372 not been selected by the ew. any Federal debt?XNO EAPPLICATION ARE NO BOARD OF THE
c. State d. Local e. Other - "In-Kind" f. Program Income g. TOTAL 18. TO THE BEST OF MY TRUE AND CORRECT, TH APPLICANT, AND THE AF IS AWARDED. a. Typed Name of Authorize	\$0 \$250,000 \$0 \$21,196,203 KNOWLEDGE AND BELIEF, A E DOCUMENT HAS BEEN DUI PPLICANT WILL COMPLY WIT	b. NO: Program is no Program has state for revie 17. Is the applicant delinquent on YES, attach explanation LL DATA IN THIS APPLICATION/PRELY AUTHORIZED BY THE GOVERNITH THE ATTACHED ASSURANCES IF	ont covered by EO # 12372 not been selected by the ew. any Federal debt?XNO EAPPLICATION ARE NG BOARD OF THE THE ASSISTANCE
c. State d. Local e. Other - "In-Kind" f. Program Income g. TOTAL 18. TO THE BEST OF MY TRUE AND CORRECT, TH APPLICANT, AND THE AF IS AWARDED.	\$0 \$250,000 \$0 \$21,196,203 KNOWLEDGE AND BELIEF, A E DOCUMENT HAS BEEN DUI PPLICANT WILL COMPLY WIT	b. NO: Program is no Program has state for revie 17. Is the applicant delinquent on YES, attach explanation LL DATA IN THIS APPLICATION/PRELY AUTHORIZED BY THE GOVERNING THE ATTACHED ASSURANCES IF	of covered by EO # 12372 not been selected by the ew. any Federal debt?XNO EAPPLICATION ARE NO BOARD OF THE THE ASSISTANCE C. Telephone Number
2. State d. Local e. Other - "In-Kind" f. Program Income g. TOTAL 18. TO THE BEST OF MY TRUE AND CORRECT, TH APPLICANT, AND THE AF IS AWARDED. a. Typed Name of Authorize	\$0 \$250,000 \$0 \$21,196,203 KNOWLEDGE AND BELIEF, A E DOCUMENT HAS BEEN DUI PPLICANT WILL COMPLY WIT	b. NO: Program is no Program has state for revie 17. Is the applicant delinquent on YES, attach explanation LL DATA IN THIS APPLICATION/PRELY AUTHORIZED BY THE GOVERNITH THE ATTACHED ASSURANCES IF	of covered by EO # 12372 not been selected by the ew. any Federal debt?XNO EAPPLICATION ARE NO BOARD OF THE THE ASSISTANCE C. Telephone Number

APPLICATION FOR FEDERAL ASSISTANC		2. DATE SUBMITTED April 27, 2004		Applicant Ider	tifier
. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Application	Pre-application	4, DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	lier
Construction	Construction				
Non-Construction APPLICANT INFORMATION	Non-Construction	<u> </u>		411 2 2 2 2 2	
egal Name:			Organizational Unit	r F	
ATIONAL NATIVE AMERICA	N AIDS PREVENTION C	ENTER	Department:		
rganizational DUNS: 99020413			Division:		
ddress:					rson to be contacted on matte
treet: 36 - 14th Street, Suite 1020		N P F	involving this application Prefix:	cation (give are First Name:	a code)
	In EGE		Mr.	Michael	
ty: akland			Middle Name E		
ounty: ameda	had bed	8 2004 [4]	Last Name Bird		
ate: alifornia	Zip Code 94612		Suffix:		
ountry: SA	STATE CLEA	BING HOLICE	Email: mlittlebird@nnaapc.d	org	<u> </u>
EMPLOYER IDENTIFICATION	ON NUMBER (EIN):	I WING HINDOWS	Phone Number (give a	area code)	Fax Number (give area code)
94-3065291			(510) 444-2051		(510) 444-1593
TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See back	of form for Application Types)
Netwision, enter appropriate let be back of form for description	ter(s) in box(es)	n Revision	O. Not for Profit Orga Other (specify)	ınization	
her (specify)			9. NAME OF FEDER U.S. Department of C		
. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE T		
TLE (Name of Program): echnology Opportunities Prog 2. AREAS AFFECTED BY PR alifornia		1 1 -5 5 2 , States, etc.):	for Native American I to build community.	health: Reaching	in to build capacity, reaching ou
			14. CONGRESSION	AL DISTRICTS (\F •
. PROPOSED PROJECT art Date:	Ending Date:		a. Applicant		b. Project
tober 1, 2004	September 30, 2006		California - 9		California - 1 through 52
. ESTIMATED FUNDING:			ORDER 12372 PROC	ESS?	REVIEW BY STATE EXECUTIV
Federal \$		675,3 7 6			APPLICATION WAS MADE
Applicant \$		070,070		S FOR REVIEW	TE EXECUTIVE ORDER 12372
State \$			네 내용 그를 하는 것 위해.	pril 27, 2004	
Local \$.	b. No. [PROGRA	M IS NOT COVI	ERED BY E. O. 12372
Other \$		675,741	OR PRO		BEEN SELECTED BY STATE
Program Income \$		OU	17. IS THE APPLICA	NT DELINQUE	IT ON ANY FEDERAL DEBT?
TOTAL \$		1,351,117	Yes If "Yes" attact	n an explanation.	☑ No
TO THE BEST OF MY KNO CUMENT HAS BEEN DULY TACHED ASSURANCES IF	AUTHORIZED BY THE	ALL DATA IN THIS APP	LICATION/PREAPPLI THE APPLICANT AND	CATION ARE TI THE APPLICAN	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
Authorized Representative			Middle	Name	
efix	First Name Michael		and the second of the English	(3GIIIF	
st Name d			Suffix		
itle ecutive Director				phone Number (444-2051	give area code)
Signature of Authorized Repre	sentative // [Company of the Compan	e. Date	Signed	
William Ville	111	er kalının tirkini ili ili ili ili ili ili ili ili ili	April 2	27, 2004	

FEDERAL ASSISTANC	E	2. DATE SUBMITTED April 28, 2004		Applicant Ide	Version Version
1. TYPE OF SUBMISSION: Application		3. DATE RECEIVED B	Y STATE	State Applica	ation Identifier
l' '	Pre-application	1 DATE DESCRIPTION			
Canstruction Non-Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Iden	lifler
6. APPLICANT INFORMATION	Non-Construction	1			
Legal Name:			Organizational Unit		
CITY OF COALINGA			Department:		
Organizational DUNS:	2004		Division:	OMIC DEVELO	PPMENT
03-099- Address:	9361				
Street:	7 (0)	国型量加	Name and telephone Involving this applic	number of po	erson to be contacted on matter
155 West Durian Avenue	11 1 15 19	E U V B	Prefix:	First Name:	A COUR
City of Coalinga	— 		MR. MR. MIddle Name		RICHARD
County:		2 -22. -2004 — L') \ N.		
County of Fresno	Ai I	1 20	Last Name WARNE		
State; Californía	Zip Code 93210		Suffix:		
Country: USA		TEARING HOU	Email:		
EMPLOYER IDENTIFICATION	N NIMBER GATE	Free Forms 1941 1111 Just	dwatt@coalin		
	1		Phone Number (give an	rea code)	Fax Number (give area code)
94-6000312 3. TYPE OF APPLICATION:			559-935-1533		559 - 935-5912
P Nev	,	_	7. TYPE OF APPLICA	NT: (See back	of form for Application Types)
Revision, enter appropriate lett	Pr/s) in how(oe)	Revision	С		
See back of form for description	of letters.)		Other (specify)		
Other (specify)	L		A NAME OF STREET		
	·		9. NAME OF FEDERA Federal Aviation Adi	L AGENCY: Ministration	
O. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TIT		ANT'S PROJECT:
		20-106	Environmental Ass	essment and V	Veather Analysis for
ITLE (Name of Program):	ORT IMPROVEMENT PI		Crosswind Runway	/ at Coalings M	unicipal Airport
2. AREAS AFFECTED BY PRO	JECT (Cities, Counties	States atc 1:			
City of Coalinga	, , , , , , , , , , , , , , , , , , , ,	,			
3. PROPOSED PROJECT			14. CONGRESSIONAL	DIOTOLOTA C	
tart Date:	Ending Date:	,	a. Applicant		b. Project
June 2004 5. ESTIMATED FUNDING:	Septembe	r 2005	Calvin M. Dooley (20	th)	Calvin M. Dooley (20th
			16. IS APPLICATION 5 ORDER 12372 PROCE	BUBJECT TO F	REVIEW BY STATE EXECUTIVE
Federal \$		150,D00	THIS PREA	PPLICATION	APPLICATION WAS MADE
Applicant \$		DU DU	AVAILABLE	TO THE STATE FOR REVIEW	TE EXECUTIVE ORDER 12372
State \$		8,000			ON
		."	DATE: Apr	il 28, 2004	
Local 5		·	b. No. ITI PROGRAM	IS NOT COVE	RED BY E. O. 12372
Other \$		700			
Program Income S			FOR REVIE	w	BEEN SELECTED BY STATE
_		·	17. IS THE APPLICANT	DELINQUEN	ON ANY FEDERAL DEBT?
TOTAL 5		158,000	Yes If "Yes" attach a		EZ)
TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY A	LEDGE AND BELIEF, A	I DATA IN THE APPL			No.
CUMENT HAS BEEN DULY AT TACHED ASSURANCES IF TH	UTHORIZED BY THE GO	VERNING BODY OF TH	IE APPLICANT AND TH	TE APPLICAN	UE AND CORRECT, THE I WILL COMPLY WITH THE
	IE ASSISTANCE IS AWA	ARDED.			
<u>Authorized Representative</u>	Irst Name		Middle Na	ine	
	IIST IABILIE		1	N.	
of Name	RICHARD		Cue:		
of Name WARNE	RICHARD		Suffix		
et Name WARNE itle CITY MANAGER	RICHARD		a Telepho	one Number (gi	ле вrea code)
afix MR. St. Name WARNE itte	RICHARD	·ul	a Telepho	one Number (gi	

APPLICATION FOR					piovai No. 0040-004.
FEDERAL ASSISTANCE		2. DATE SUBMITTED April 5,	2004	Applicant Identifier N/A	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
	olkoation				
	onstruction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier 06-01534	
	on-Construction			00-01334	
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:		
California - Department of Park		1	California Depart	ment of Parks and Recre	
Address (give city, county, State, and zlp Post Office Box 942896 Sacramento 3150 Sacrame California 06 94296-0 6, EMPLOYER IDENTIFICATION NUMBER	nid 567	2 8 2004	this application (give a Betty Ettinger (916) 651-8174	number of person to be contactered code) NT: (enter appropriate letter in	
	APR	20 2001	A. State	H. Independent School Dist.	A
8, TYPE OF APPLICATION:		1100	4 }	State Controlled Institution of	f Higher I earning
	ATT OLE	APHINGHOUSE	C. Municipal	J. Private University	r righer bearing
Now 🗆	Continuation L	Revision	D. Township	K. Indian Tribe	
 If Revision, enter appropriate letter(s) in I			E. Interstate	L. Individual	
The view in street appropriate to work (5) in t			F. Intermunicipal	M. Profit Organization	
A, Increase Award B. Decrease A	ward C. Increase	Duration	G. Spedal District	N. Other (Specify)	
D. Decrease Duration Other(specify):	•		•		
			9. NAME OF FEDERA Department of the National Park Sei		443
10. CATALOG OF FEDERAL DOMESTO	IC ASSISTANCE NU	MBER:	<u> </u>	ILE OF APPLICANT'S PROJE	
	Γ	15 - 9 1 6	Osovilla Wright D	ark Development	
0.11 5	L		City of Modesto	aik pereiopinent	
TITLE: Outdoor Recreation -				n and Neighborhoods De	partment
12. AREAS AFFECTED BY PROJECT (Cities, Counties, Stat	tes, etc.):	1010 Tenth Street		p.c.i.
06-48354			Modesto, CA 953		
13. PROPOSED PROJECT 14. CO	INGRESSIONAL DIS	STRICTS OF:	·		
Start Date Ending Date a. Appl 6/1/04 6/30/08	licant 03		b. Project	18	
	U3		46 10 4001 10 47101		AVE EVECUTAGE
15. ESTIMATED FUNDING:	· 		ORDER 12372 PR	SUBJECT TO REVIEW BY ST OCESS?	ATE EXECUTIVE
a. Federal \$		36,276	AVEC THIS ODE	PPLICATION/APPLICATION V	VAS MADE
b. Applicant \$		38,224	AVAILABLE	TO THE STATE EXECUTIVE	
c. State \$.00		-26-04	
d. Local \$	No.	, ab		M IS NOT COVERED BY E. O.	. 12372
e. Other \$,00	OR PROC FOR REV	GRAM HAS NOT BEEN SELEC (IEW	TED BY STATE
f. Program Itrcome \$.00	17. IS THE APPLICAN	NT DELINQUENT ON ANY FE	DERAL DEBT?
g. TOTAL \$		74,500	You If "Yes,"	ittach an explanation.	∐ No
18. TO THE BEST OF MY KNOWLEDGE DOCUMEN'T HAS BEEN DULY AUTHO ATTACHED ASSURANCES IF THE AS	DRIZED BY THE GO	VERNING BODY OF TH			
a. Type Name of Authorized Represental Ruth Coleman	tive	b. Title Director, Parks and	Recreation	c. Telephone Number (916) 653-7423	
d. Signature of Authorized Representative	è	- NOTE OF OTHER		e. Date Signed	
Detry Ethnas				4-6-04	(Pay 7.07)
Previous Edition/Usable Authorized for Local Reproduction				Standard Form 424 Prescribed by OMB	

APPLICATION FO	OR	2. DATE SUBMITTED			Applicant	Idelinities
FEDERAL ASSIST	TANCE	04/27/2004				
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B	Y STATE		State Appl	lication Identifier
Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED B	Y FEDERAL	AGENCY	Federal Id	entifier
5. APPLICANT INFORMAT	YOY		Organization	al Theidu		
Legal Name: Youth Policy Institute			Department:	ai Onit:		
Organizational DUNS: 022319	9342	,	Division:			
Address:			Name and tel	lephone number give area code)	of person to	be contacted on matters involving this
Street: 634 South Spring Street	r, Suitc 818		Prefix: Mr.	Ord man deady		First Name: Dixon
City: Los Angeles		1	Middle Name	e;		
County; Los Angeles			Last Name: S	Slingerland		
State: CA	Zip Code: 90	014	Suffix:			
County: Los Angeles			Email: dsline	erland@vpiusa	210.	
6. EMPLOYER IDENTIFICA	TION NUMBER (EIN):		Phone Numb	er (give area co	de)	Fax Number (give area code)
52-12'			213-688-280	*		213-688-2942
8. TYPE OF APPLICATION New		Revision	7. TYPE OF	APPLICANT:	(See back o	f form for Application Types)
If Revision, enter appropriate (See back of form for descript	letter(s) in box(es)		O. Not for Pi	rofit Organizatio	on	
			Other (specif	_		
Other (specify)			National Tel	F FEDERAL A	ng and Infor	mation Administration
10 CATALOG OF FEDERAL	DOMESTIC ASSISTA	NCE NUMBER:	11. DESCRI	IPTTVE TTTLE	OF APPLIC	CANT'S PROJECT:
	11-552		High Expect	ations Learning	Project (HI	SLP)
TITLE (Name of Program): T	A	nogram				
12. AREAS AFFECTED BY Los Angeles	PROJECT (Cities, Coun	tics, States, etc):				
13. PROPOSED PROJECT				ESSIONAL DIS	STRICTS O	
Start Date: 10/01/2004	Ending Date: 06/30/2007		a. Applicant CA-34			b. Project CA-28
15. BSTIMATED FUNDING:		1 .	16, IS APPL	ICATION SUB 72 PROCESS?	JECT TO R	EVIEW BY STATE EXECUTIVE
a. Federal \$66	56,882		a. Yes 🛛	THIS PREAPP	LICATION	APPLICATION WAS MADE
b. Applicant \$36	59,334	Laura Red	AVAILABL REVIEW O		ATE EXECU	JIIVE ORDER 12372 PROCESS FOR
c. State \$11	16,500 ADD 0 7	0004		DATE: 04/27/2		
d. Local \$50	0,000 AFR # 6	2004				ERED BY E. O. 12372 I BEEN SELECTED BY STATE FOR
c. Other \$1	10,910	3	REVIEW			
	STATE CLEARING	HOUSE		APPLICANT D 'Yes'' attach an		IT ON ANY FEDERAL DEPT? No
_ ,	343,626					/ - ·
DOCUMENT HAS BEEN DU ATTACHED ASSURANCES	JLY AUTHORIZED BY	THE GOVERNING BOD	S APPLICATI BY OF THE AP	PPLICANT AN	D THE APP	RE TRUE AND CORRECT. THE LICANT WILL COMPLY WITH THE
a. Authorized Representative Prefix Fire	st Name		n.a	iddle Name		
Mr. Dis						
Last Name Slingerland			St	iffix		
b. Title Director				Telephone Nun 3-688-2802	nber (give a	rea code)
d. Signature of Authorized Re	presentative	. ^ '	e.	Date Signed		

YPI

04/27/2004 20:55

PAGE 02/02



A COL LO ATION COP						Version 7/03
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	04/27/2004	Applicant Id		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applic	ation identifier	
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Ide	ntifler	
☐ Construction	☐ Construction		N .		2184	(Rev 1)
Non-construction	☐ Non-construction					
5. APPLICANT INFORMATION Legal Name:			Organizational Department:			
Northern Calfornia Counc	il for the Community		, Di	ata Central		
Organizational DUNS:	2-897-3817		Division:			
Address:	2,037,0011		Name and toler	hone number of p	orson to be con	tacted on metters
Street: 221 Main Street			Profix:	pplication (give are	on couls)	
Suite 300			Mr.		Larry	
City: San Francisco			Middle Name:			1
County: San Francisco				Best		
State:	Zlp Code: 94105 - 19	11	Suffix:			
CA	94105 - 19	11				
Country:			Phone Number (larry.best@nccc		(give area code);
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN)		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	I	, , , , , , , , , , , , , , , , , , , ,
93-1126768			416 - 808 - 4	467 PLICANT: (See bac	415 - 856	· ·
8, TYPE OF APPLICATION:	y ☐ Continuation	n [i] Revision		ofit Organization		lication Types)
If Revision, enter appropriate let (See back of form for description	ter(s) in box(es)		Other (specify)	All Older Imalion		
Other (specify)		L)	, ,	DERAL AGENCY:		
			National Telecon	nmunications and in	formation Admin	istration
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	NUMBER:		E TITLE OF APPL		
TITLE (Name of Program): Tech	nology Opportunities Pro	11-552 grem	Bay Area Nei	ghborhood Infor	mation Syste	m (BANIS)
12. AREAS AFFECTED BY PRONING-County San Francisco	OJECT (Citles, Counties,	Stoles, etc.):	. 3			
			14. CONGRESS	ONAL DISTRICTS	OF;	<u> </u>
13. PROPOSED PROJECT Start Date:	End Date:		a. Applicant: 08		h Project:	8,7,9,10,11,12,13,14,1
10/01/2004	09/30/2		16, IS APPLICA	TION SUBJECT TO	REVIEW BY ST	ATE EXECUTIVE
15. ESTIMATED FUNDING:	THE STATE OF THE S		ORDER 12372 P	ROCESS? PREAPPLICATION		
a. Federal \$		000,040	a. 163. = AVA	LABLE TO THE ST CESS FOR REVIEW	ATE EXECUTIV	E ORDER 12372
b. Applicant S	R 27 2004	288,230 .00	DATI	0.440.740.00.4	,	
c. State \$	2 may 6 may	0 .00		GRAM IS NOT COV	ERED BY E. O.	12372
d. Local STATE	CLEARING HOUSE	0.00	_ OR F	ROGRAM HAS NO	T BEEN SELEC	TED BY STATE
e. Other \$		395,450 ^{.00}	ron	REVIEW	N	SERVI PERIOD
f. Program Income \$		0 .00	17. IS THE APPL	ICANT DELINQUE	NT ON ANY FEI	DERAL DEBTY
g. TOTAL \$		1,367,023	Yes If "Yes" a	ittach an explanation	n, 🔳 [` ,
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF			ICATION/PREA THE APPLICANT	PPLICATION ARE AND THE APPLIC	TURE AND COF	RECT. THE PLY WITH THE
a. Authorized Representative			γ,	Middle Name		
Prefix Mr.	First Name Edward					
Last Name				Suffix		
b. Title				Telephone Number	er (give area cod	9)
President d. Signature of Authorized Répre	sentative ()	-		e. Date Signed		
Previous Edition Usable	La Langue	<u> </u>		7 ~ 4 ~ / ~ []	Standard Fo	m 424 (Rev.9-2003)
Authorized for Local Reproduction	n				Prescribed by	OMB Circular 1-102

APPLICATION FOR							Version 7/0
EDERAL ASSISTANCE		2. DATE SUBMITTED	04/27/2004	Appl	icant Identi	her	:
. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		State	e Applicatio	on Identifier	i
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGE	NCY Fede	eral Identific	<u></u>	1
Construction	☐ Construction		2			2116 (Re	v 3)
Non-construction APPLICANT INFORMATION	│	L				2110 (110	V 0/
egal Name:		· · · · · · · · · · · · · · · · · · ·	Organizational	Unit:			!
City of Los Angeles			Department: In	formation	Technolo	ogy Agency	
rganizational DUNS:	14-597-0740		Division:	İ		:	i
ddress:	14-007-01-0		Name and telep	phone numb	er of pers	on to be contacted	on matters
rreet: 200 N. Main St. Room 1400			Involving this a Prefix: Mr.		Name:	erry	
ity: Los Angeles		•	Middle Name:	1			j
County: Los Angeles		Υ	Last Name:	Halberg			
tate:	Zip Code: 90012		Suffix:				
ountry:			*	thalberg@	nita lacib	/ Ora	ł
EMPLOYER IDENTIFICATION	ON NUMBER (EIN)		Phone Number			Fax Number (give a	area code):
95-6000735			213 - 978 -		,	213 - 847 - 35	•
TYPE OF APPLICATION:	<u> </u>				See back o	of form for Application	
Revision, enter appropriate le	etter(s) in box(es)	n 🗌 Revision	C. Municipal	.			1
See back of form for description	on of letters.)		Other (specify)			•	
other (specify)			9. NAME OF FE			mation Administrati	on '
0. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:				ANT'S PROJECT:	
TTLE (Name of Program); Ted	chnology Opportunities Pro	11-552 ogram	Los Angeles Access to W			Networks:	·
2. AREAS AFFECTED BY P	PO IECT (Cities Counting	States ato k	_			`	ļ
This project will be availa			ii.	1			i
3. PROPOSED PROJECT			14, CONGRESS	SIONAL DIS	TRICTS O	F·	<u> </u>
tart Date: 10/01/2004	End Date: 10/01/	/2006	a. Applicant:		,,,,,,,,,	b. Project	~~ d ac
5. ESTIMATED FUNDING:	10/01/	2006	16. IS APPLICA	ATION SUB.		EVIEW BY STATE	and 36 EXECUTIVE
. Federal	\$	500 170 .00	ORDER 12372			APPLICATION WAS	MADE
	\$	509,170	AVA	AILABLE TO OCESS FOR	THE STAT	re executive or	DER 12372
. State	\$	404,628	DA	TE: 04/27	7/2004		
	•	0 -00	b. No. D PRO	OGRAM IS N	NOT COVE	RED BY E. O. 1237	2
. Local	35	0.00	00	PROGRAM	TON 2AH	BEEN SELECTED	RY STATE
. Other	\$	0.00		R REVIEW	111101101	DEEN GEELGTED	DISTALE
Program Income	\$	0.00	17. IS THE APP	LICANT DE	LINQUEN	TON ANY FEDERA	L DEBT?
TOTAL	\$	913,798 .00	Yes If "Yes"	attach an ex	olanation.	■ Na	!
8. TO THE BEST OF MY KNO OCUMENT HAS BEEN DUL TTACHED ASSURANCES IF	A VIIIMIDRINED RA IME	ALL DATA IN THIS AP	PI ICATION/PRE	APPI ICATIO	N ADE TI	IDE AND CORDEC	T. THE WITH THE
Authorized Representative		······································	*			· · · · · · · · · · · · · · · · · · ·	
refix Mrs.	First Name Thera	-		Middle Nan	10		
est Name Bradshaw				Suffix			-
Title Executive Offi	Cer		E U W E	c. Telephor	e Number	(give area code)	:
Signature of Authorized Rep	Connection .		<u> 15 11 17 15</u>	213 - 41 e. Date \$ig	00 - 0100 ned	J	
revious Edition Usable uthorized for Local Reproduct	ion	APR .APR	2 7 2004			Standard Form 42 Prescribed by OME	4 (Rev.9-20) Circular 1-1
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04/27/2004 05:53

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ADDI IOATION EOD						Version	on 7/0:
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTE	D 04/27/2004	Applic	ant Iden		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED		State	Applicati	on Identifier	
Application	Pre-application	4. DATE RECEIVED	RY FEDERAL AGE	NCY Feder	al Identif	ier	
☐ Construction	☐ Construction	4. DATE RECEIVED	B) I EDE, (AE AGE	1 0001	ai iddiiii		
Non-construction	☐ Non-construction				 -	2284 (Rev 0)	
5. APPLICANT INFORMATION Legal Name:			Organizational	l Unit:			_ > :
World Institute on Disabili	ity		Department: C	alifornia Wo	ork Ince	ntives Initiative	-:
	, , , , , , , , , , , , , , , , , , , ,	ATE CLEARIN	S Division:				•
Address:	0-03 14092					on to be contacted on mai	tters
Street: 510 16th Street, S	Sulte 100		Involving this	application (g		code)	
	5007	7 S A9A	Mr.	LIISU	vame.	Bryon .	
City: Oakland			Middle Name:				
County:		T 和 别 和	Lasi Name:	Ma-Danale	J	3	24
Alameda State:	ZID Code:	시 된 권 된 !	Suffix:	MacDonald	1		
CA	94612 - 94	61					m
Country:				bryon@wic			
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN)		Phone Number	(give area cod	le):	Fax Number (give area cod	e):
94-2911623			510 - 251 -			510 - 763 - 4109	
8. TYPE OF APPLICATION:			7. TYPE OF AF	PPLICANT: (Se	e back	of form for Application Types)
■ Nev		n 🗌 Revision	O. Not for P	rofit Organiz	ation		
If Revision, enter appropriate le (See back of form for descriptio	n of letters.)		Other (specify)				
Other (specify)	Ц	LJ .	``				
			9, NAME OF FI			rmation Administration	
10. CATALOG OF FEDERAL	OMESTIC ASSISTANCE	E NUMBER;	11. DESCRIPT	IVE TITLE OF	APPLIC	ANT'S PROJECT:	
		11-552	Benefits Plan	nning at Dis	ability	Benefits 101:	
TITLE (Name of Program): Tecl	nnology Opportunities Pro	ogram				ning tools in English an ith disabilities	IG
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	, States, etc.):		,			
California - statewide							
13. PROPOSED PROJECT			14. CONGRES	SIONAL DIST	RICTS O		
Start Date: 10/01/2004	End Date: 09/30/	2006	a, Applicant:	9		b. Project: CA - statewid	le (01
15. ESTIMATED FUNDING:					CT TO F	EVIEW BY STATE EXECU	TIVE
a, Federal \$		00	ORDER 12372		ATION/	APPLICATION WAS MADE	
		350,083	a. Yes, 🕶 AV		HE STA	TE EXECUTIVE ORDER 123	372
b. Applicant S		351,012 ^{.00}	1			OI1	
c. State \$		0 .00		·			`
d. Local \$	i .	0.00 .	, D. NO. 🗀			RED BY E. O. 12372	<u>.</u>
e, Other \$	1	<u></u>		I PROGRAM H R REVIEW	AS NOT	BEEN SELECTED BY STAT	ΓE
		Ü	10 M(M) 10 M			E AN ANY SERVICE DED	
f. Program Income		0 .00	17. IS THE API	PLICANT DELI	INQUEN	T ON ANY FEDERAL DEBT	7
g. TOTAL \$		701,095 ^{.00}	☐ Yes If "Yes"	attach an exp	lanation.	■ No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	ALL DATA IN THIS A GOVERNING BODY	PPLICATION/PREDETHE APPLICAN	APPLICATION IT AND THE A	PPLICA	URE AND CORRECT. THE NY WILL COMPLY WITH TH	1E
a. Authorized Representative				1			
Prefix Ms.	First Name Kathleen			Middle Name	ı		
Last Name				Suffix			
Martinez b. Title				c. Telephone	Number	(give area code)	
d. Signature of Authorized Repr				510 - 251 e. Date Signe			
	- 153 (1) 16 (1 T ,				7-	27-2004	

PPLICATION FOR EDERAL ASSISTANCE		2. DATE SUBMITTED	04/27/2004	Applicant Ider	ntifier
		3. DATE RECEIVED BY	04/27/2004 (STATE	State Applicat	lion Identifier
TYPE OF SUBMISSION:	Pre-application				
Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENC	rederal identi	
Non-construction	☐ Non-construction				2273 (Rev 5)
APPLICANT INFORMATIO	<u>N</u>	100	Organizational Un	it:	
gal Name:	nmont Center Inc		Department: Pace	oima Workforce	Dev. Initiative
alley Economic Develo	pment Center, inc.		Division:		ca(I)th
ganizalional DUNS:	17-108-7653		N and tolophe	and number of na	rson to be contacted on matters
ddress:	Olyd Ord floor		Involving this app	lication (give are	e code)
treet: 5121 Van Nuys B)/va., 514 11001		Prefix:	First Name:	Roberto
ity:	4.27	ir page	Middle Name:		•
Van Nuys			Last Name:		
ounty: Los Angeles			B:	arragan	
tate:	Zip Code: 91403		Suffix:		
CA ountry:			rh	arragan@vedo	c.org
EMPLOYER IDENTIFICATI	ION NUMBER (FIN)		Phone Number (gi		Fax Number (give area code):
			818 - 907 - 99	77	818 - 907 - 9720
95-3139419 TYPE OF APPLICATION:		and Mi	7. TYPE OF APPL	ICANT: (See back	of form for Application Types)
N III	ew	on Revision	O. Not for Prof	it Organization	on County Course of W Brown December
Revision enter appropriate l	letter(s) in box(cs)			- 1 1	APR 2 7 2004
See hack of form for descripti	ion of letters.)		Other (specify)		The second second
ther (specify)			9. NAME OF FED	ERAL AGENCY:	formation Administration:
			INCHOUSE FEEDMA	(Intranona anami	
0. CATALOG OF FEDERAL	DOMESTIC ASSISTANC		11. DESCRIPTIVE	TITLE OF APP≝ Ioh Access We	cant's PROJECT: bsite Service (JAWS) proje
ITI.E (Name of Program): Te	echnology Opportunities P	1 1 -552 rogram es, States, etc.):	11. DESCRIPTIVE The Pacoima will provide an	TITLE OF APPEI Job Access We on-line service ostings to help	cant's PROJECT: bsite Service (JAWS) proje to local business for secure local jobs for local unemployment in the area.
ITI.E (Name of Program): Te 2. AREAS AFFECTED BY F Northeast San Fernand	echnology Opportunities P	1 1 -552 rogram es, States, etc.):	The Pacoima will provide an available job presidents to ac	TITLE OF APPEI Job Access We on-line service ostings to help Idress the high	cant's project: bsite Service (JAWS) proje to local business for secure local jobs for local unemployment in the area.
ITI.E (Name of Program): Te 2. AREAS AFFECTED BY F Northeast San Fernand 3. PROPOSED PROJECT	PROJECT (Cities, Counties of Valley, City of Los	[1] 1 - 5 5 2 rogram es, States, etc.): Angeles, County of	11. DESCRIPTIVE The Pacoima will provide an available job p residents to ac 14. CONGRESSIG a. Applicant:	TITLE OF APPEI Job Access We on-line service ostings to help	bsite Service (JAWS) project to local business for secure local jobs for local unemployment in the area. OF: The Project:
ITI.E (Name of Program): Te 2. AREAS AFFECTED BY F Northeast San Fernand 3. PROPOSED PROJECT tent Date: 10/01/2004	PROJECT (Cities, Counties of Valley, City of Los	1 1 -552 rogram es, States, etc.):	11. DESCRIPTIVE The Pacoima will provide an available job presidents to ac	TITLE OF APPEI Job Access We on-line service ostings to help Idress the high DNAL DISTRICTS	bsite Service (JAWS) projecto local business for secure local jobs for local unemployment in the area. OF: b. Project: 26,27,28,30,31
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2. AREAS AFFECTED BY Fourtheast San Fernandom 1. PROPOSED PROJECT that Date: 10/01/2004 5. ESTIMATED FUNDING: 1. Federal	PROJECT (Cities, Counties Por Valley, City of Los End Date:	[1] 1 - 5 5 2 Program Ss. States, etc.): Angeles, County of 0/2006 547,974 717,751	11. DESCRIPTIVE The Pacoima will provide an available job presidents to act 14. CONGRESSIC a. Applicant: 26 16. IS APPLICAT ORDER 12372 PI a. Yes. THIS	JOB ACCESS WE ON-line service ostings to help Idress the high ONAL DISTRICTS ON SUBJECT TO ROCESS? PREAPPLICATION ABLE TO THE STEELS FOR REVIE	bsite Service (JAWS) projecto local business for secure local jobs for local unemployment in the area. OF: b. Project: 26,27,28,30,31 REVIEW BY STATE EXECUTIVE ORDER 123/2 W ON
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2. AREAS AFFECTED BY F Northeast San Fernando 3. PROPOSED PROJECT Start Date: 10/01/2004 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income	PROJECT (Cities, Counties Por Valley, City of Los 109/30	1 1 -5 5 2 rogram 2s, States, etc.): Angeles, County of 0/2006 547,974 .00 717,751 .00 0 .00 0 .00 10,000 .00 1 275 725 .00	11. DESCRIPTIVE The Pacoima will provide an available job presidents to accept the provide an available job presidents to accept the provide at the provide	JOB ACCESS WE ON-line Service Ostings to help Idress the high IDNAL DISTRICTS JON SUBJECT TO ROCESS? PREAPPLICATION ABLE TO THE STEESS FOR REVIEW JOHN SUBJECT TO THE STEESS FOR REVIEW JOHN SUBJECT TO ROCESS? PREAPPLICATION ABLE TO THE STEESS FOR REVIEW JOHN SUBJECT TO ROCESS? JOHN SUBJECT TO ROCESS? PREAPPLICATION ABLE TO THE STEESS FOR REVIEW JOHN SUBJECT TO ROCESS? JOHN SUBJECT TO ROCESS? PREAPPLICATION THE STEE STEE STEE STEE STEE STEE STEE	bsite Service (JAWS) project to local business for secure local jobs for local unemployment in the area. OF: b. Project: 26,27,28,30,31 REVIEW BY STATE EXECUTIVE ORDER 123/2W ON VERED BY E. O. 12372 OT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT?
2. AREAS AFFECTED BY Footheast San Fernandom 1. PROPOSED PROJECT Start Date: 10/01/2004 5. ESTIMATED FUNDING: 1. Federal 1. Applicant 1. State 1. Local 1. Other 1. Program Income	PROJECT (Cities, Counties Por Valley, City of Los Date: 09/30	[1] 1 - 5 5 2 Program 2s, States, etc.): Angeles, County of 547,974 717,751 0 0 0 0 10,000 1,275,725	11. DESCRIPTIVE The Pacoima will provide an available job presidents to accept the provide an available job presidents to accept the provide at the provide	JOB ACCESS WE ON-line Service Osting's to help Idress the high ONAL DISTRICTS ION SUBJECT TO ROCESS? PREAPPLICATION ABLE TO THE STEED REVIEW ICANT DELINQUI	bsite Service (JAWS) project to local business for secure local jobs for local unemployment in the area. OF: b. Project: 26,27,28,30,31 REVIEW BY STATE EXECUTIVE ORDER 12372 OT BEEN SELECTED BY STATE EXECUTIVE OR
2. AREAS AFFECTED BY FIGURE 10 In the ast San Fernando 3. PROPOSED PROJECT tart Date: 10/01/2004 5. ESTIMATED FUNDING: Federal Applicant State Local DOCUMENT HAS BEEN DUATTACHED ASSURANCES	PROJECT (Cities, Counties Por Valley, City of Los Date: End Date: 09/30 \$ NOWLEDGE AND BELIE BLY AUTHORIZED BY THE ASSISTANCE IS	1 1 -5 5 2 Program Ss. States, etc.): Angeles, County of 0/2006 547,974 .00 717,751 .00 0 .00 0 .00 10,000 .00 1,275,725 .00 IF, ALL DATA IN THIS ALL BATA IN THIS ALL BODY OF SOLUTION THE SO	11. DESCRIPTIVE The Pacoima will provide an available job presidents to accept the provide an available job presidents to accept the provide at the provide	JOB ACCESS WE ON-line Service Osting's to help Idress the high ONAL DISTRICTS ION SUBJECT TO ROCESS? PREAPPLICATION ABLE TO THE STEED REVIEW ICANT DELINQUI	bsite Service (JAWS) project to local business for secure local jobs for local unemployment in the area unemployment in the area 26,27,28,30,31 REVIEW BY STATE EXECUTIVE ORDER 12372 OT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT?
2. AREAS AFFECTED BY FINITE (Name of Program): Telegram (Name of Program): Telegram (Name of Program): Telegram (Name of Program): Telegram (Name of Program Income of Name of	PROJECT (Cities, Counties Por Valley, City of Los Ovalley, City of Los O	1 1 -5 5 2 rogram S. States, etc.): Angeles, County of 0/2006 547,974 717,751 0.00 0.00 0.00 10,000 1,275,725 TE, ALL DATA IN THIS ALL GOVERNING BODY OF AWARDED.	11. DESCRIPTIVE The Pacoima will provide an available job presidents to act and applicant: 14. CONGRESSION a. Applicant: 26 16. IS APPLICAT ORDER 12372 PI a. Yes. THIS AVAII PROCED TO PROCEDE TO PROCED TO	JOB ACCESS WE ON-line Service Osting's to help Idress the high Idress for REVIEW IDRAG	bsite Service (JAWS) project to local business for secure local jobs for local unemployment in the area. OF: b. Project: 26,27,28,30,31 REVIEW BY STATE EXECUTIVE ORDER 123/2W ON VERED BY E. O. 12372 OT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT?
2. AREAS AFFECTED BY Footheast San Fernandom San Federal San San Federal San	PROJECT (Cities, Counties Por Valley, City of Los Date: 09/30 End Date: 09/30 \$ \$ NOWLEDGE AND BELIE BLY AUTHORIZED BY THE ASSISTANCE IS	1 1 -5 5 2 rogram S. States, etc.): Angeles, County of 0/2006 547,974 717,751 0.00 0.00 0.00 10,000 1,275,725 TE, ALL DATA IN THIS ALL GOVERNING BODY OF AWARDED.	11. DESCRIPTIVE The Pacoima will provide an available job presidents to act 14. CONGRESSIC a. Applicant: 26 16. IS APPLICAT ORDER 12372 PI a. Yes. THIS AVAIL PROCED DATE b. No. PROCED 17. IS THE APPL PROCED 17. IS THE APPL PROCED TO REP FOR 17. IS THE APPL PROCED THE APPLICANT	JOB ACCESS WE ON-line Service Osting's to help Idress the high ONAL DISTRICTS ION SUBJECT TO ROCESS? PREAPPLICATION ABLE TO THE STEEDS FOR REVIEW JOHN SUBJECT TO THE STEED	bsite Service (JAWS) project to local business for secure local jobs for local unemployment in the area. OF: b. Project: 26,27,28,30,31 REVIEW BY STATE EXECUTIVE ORDER 12372 OT BEEN SELECTED BY STATE EXECUTIVE OR
2. AREAS AFFECTED BY FIGURE 10 In the ast San Fernando 3. PROPOSED PROJECT 10 In the 10 In the ast San Fernando 10 In the ast San	PROJECT (Cities, Counties Por Valley, City of Los Ovalley, City of Los O	1 1 -5 5 2 rogram S. States, etc.): Angeles, County of 0/2006 547,974 717,751 0.00 0.00 0.00 10,000 1,275,725 TE, ALL DATA IN THIS ALL GOVERNING BODY OF AWARDED.	11. DESCRIPTIVE The Pacoima will provide an available job presidents to act and applicant: 26 16. IS APPLICAT ORDER 12372 PI a. Yes. THIS AVAII PROCED TO PROCEDE TO PROCED TO	JOB ACCESS WE ON-line Service Osting's to help Idress the high Idress the high IDNAL DISTRICTS JON SUBJECT TO ROCESS? PREAPPLICATION ABLE TO THE STEEM IS NOT CO'ROGRAM HAS NOT CO'ROGRAM HAS NOT REVIEW JOHN TO BELINQUI	bsite Service (JAWS) project local business for secure local jobs for local unemployment in the area OF: b. Project: 26,27,28,30,31 REVIEW BY STATE EXECUTIVE ORDER 123/2 WON VERED BY E. O. 12372 OT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT? On.
2. AREAS AFFECTED BY F Northeast San Fernando 3. PROPOSED PROJECT Start Date: 10/01/2004 5. ESTIMATED FUNDING: 1. Federal 1. Applicant 1. State 1. Local 1. Other 1. Program Income 1. TOTAL 16. TO THE BEST OF MY KI DOCUMENT HAS BEEN DU ATTACHED ASSURANCES 1. Authorized Representative 1. Cast Name 1. Barragan 1. Title	PROJECT (Cities, Counties Por Valley, City of Los Ovalley, City of Los O	1 1 -5 5 2 rogram S. States, etc.): Angeles, County of 0/2006 547,974 717,751 0.00 0.00 0.00 10,000 1,275,725 TE, ALL DATA IN THIS ALL GOVERNING BODY OF AWARDED.	11. DESCRIPTIVE The Pacoima will provide an available job presidents to act and applicant: 26 16. IS APPLICAT ORDER 12372 PI a. Yes. THIS AVAII PROCED TO PROCEDE TO PROCED TO	JOB ACCESS WE ON-line Service Osting's to help Idress the high Idress the high IDNAL DISTRICTS JON SUBJECT TO ROCESS? PREAPPLICATION ABLE TO THE STEEM IS NOT CO'ROGRAM HAS NOT CO'ROGRAM HAS NOT REVIEW JOHN TO BELINQUI	beite Service (JAWS) projet to local business for secure local jobs for local unemployment in the area. OF: b. Project: 26,27,28,30,31 REVIEW BY STATE EXECUTIVE ORDER 12372 WON VERED BY E. O. 12372 OT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT? On. No I TURE AND CORRECT. THE CANT WILL COMPLY WITH THE
5. ESTIMATED FUNDING: a. Federal b. Applicant :: State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KI DOCUMENT HAS BEEN DU ATTACHED ASSURANCES a. Authorized Representative Prefix Mr. Last Name	PROJECT (Cities, Counties Por Valley, City of Los Ovalley, City of Los O	1 1 -5 5 2 rogram S. States, etc.): Angeles, County of 0/2006 547,974 717,751 0.00 0.00 0.00 10,000 1,275,725 TE, ALL DATA IN THIS ALL GOVERNING BODY OF AWARDED.	11. DESCRIPTIVE The Pacoima will provide an available job presidents to accept the provide an available job presidents to accept the provide at the provide	JOB ACCESS WE ON-line Service Osting's to help Idress the high Idress the high IDNAL DISTRICTS JON SUBJECT TO ROCESS? PREAPPLICATION ABLE TO THE STEESS FOR REVIEW JOHN SUBJECT TO ROCESS? PREAPPLICATION ABLE TO THE STEESS FOR REVIEW JOHN SUBJECT TO ROCESS? PREAPPLICATION AND THE APPLICATION ARE AND THE APPLICATION ARE AND THE APPLICATION ARE SUBJECT TO SUB	beite Service (JAWS) project to local business for secure local jobs for local unemployment in the area unemployment in the area of: b. Project: 26,27,28,30,31 REVIEW BY STATE EXECUTIVE ORDER 123/2 w ON VERED BY E. O. 12372 OT BEEN SELECTED BY STATE ENT ON ANY FEDERAL DEBT? On.

OMB Approval No. 0348-0043 **APPLICATION FOR** Applicant Identifier Z. DATE SUBMITTED FEDERAL ASSISTANCE 4/27/04 State Application identifier 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION Preennlication Application ☐ Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier ☐ Non-Construction ⋈ Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: San Diego State University Foundation Name and telephone number of porson to be contacted on matters involving this Address (give city, county, State, and zip code); application (give area code) 5250 Campanile Drive Claudia Luke (760)728-9306 Programmatic San Diego, CA 92182-1900 Janet Holmberg (619)594-2934 Administrative 7. TYPE OF APPLICANT: (anter appropriate letter in box) G. EMPLOYER IDENTIFICATION NUMBER (EIN) 2 | 1 9|5|-|6|0|4|2|7 Independent School Olst. Stale Siele Controlled Institution of Higher Learning County 8, TYPE OF APPLICATION: Private University ☐ Revision Municipal Continuation Indian Tribe Township laubivibri interstate If Revision, enter appropriate (citer(s) in Dox(es) Profit Organization Intermunicipal M. Non-profit Other (Specify): N. Special District C. Increase Duration A. Decrease Award A. Increase Award 9. NAME OF FEDERAL AGENCY: D. Decrease Duration Other (specify): US Dept. of Commerce/NTIA 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC TOP Early-warning Fire Detection Proposal ASSISTANCE NUMBER 5 5 2 1 TITLE: Technology Opportunities Program 12. AREAS AFFECTED BY PROJECT (Cilios, Counties, States, etc.): San Diego and Riverside Counties 14. CONGRESSIONAL DISTRICTS OF: 19. PROPOSED PROJECT b. Project a. Applicant Ending Date Start Date Various 10/31/07 53 11/1/04 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 15. ESTIMATED FUNDING: YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE αĎ a. Federal ORDER 12372 PROCESS FOR REVIEW ON: 655,017 .00 4/27/04 b. Applicani 5 655,055 ,00 c. State b. NO PROGRAM IS NOT COVERED BY E.O. 12372 .DD d. Local OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW an c. Other 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? .00 f. Program Income S. ⊠ No Yes If "Yes", B(lach an explanation g. TOTAL 1,310,072 10. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. Tglephone Number a. Typed Name of Authorized Representative Interim Assoc. Vice President (619)594-0905 Thomas R. Scott Kobrosaurative d. Signature of Authorized Signdard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102 Previous Editions Not Usable

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APPLICATION FOR				La E (II)		Version 7/03		
FEDERAL ASSISTANCE 2. DATE S		2. DATE SUBMITTED	APRIL 27, 2004					
1. TYPE OF SUBMISSION:	<u> </u>	3. DATE RECEIVED BY	STATE	State Application Identifier				
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ident	ifier			
Construction	☐ Construction ☐ Non-Construction							
Non-Construction 5. APPLICANT INFORMATION	Non-Construction							
Legal Name:			Organizational Unit:					
JOHN WAYNE CAN	ICER INSTITUTE		Department: DATAB.	ASE SERVICE	\$			
Organizational DUNS: 55-607-	1458		Division:					
Address:	1100		Name and telephone number of person to be contacted on matters					
Street; 2200 SANTA MONICA	BOULEVARD	-	Involving this applic	ation (give are First Name:	oa code)			
	. = 0 0 4 2 1 7 1 1 2		MR.		1 CHAEL			
City: SANTA MONICA			Middle Name			1		
County:			Last Name JAMES					
LOS ANGELES State:	Zip Code		Suffix:					
CA Country;	90404		Email:					
UNITED STATES OF			jamesm@jwci.o					
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give a	rea code)	Fax Number (give area	code)		
95-4291515			310,449,5255		310.449.5259			
8. TYPE OF APPLICATION:	 .		7. TYPE OF APPLICA	ANT: (See bac	k of form for Application	Types)		
New If Revision, enter appropriate letter		n Revision	0	1 / 1 1 1	and Sames I M house hand			
(See back of form for description		1 "1	Other (specify)	1 AP	R 2 7 2004	OLD COMPANY		
Other (specify)	L)		9, NAME OF FEDERA		N 4 1 ZUU4	2000		
Cutor (specify)				NTIA	VDEPARTMENT OF CO	MMERCE		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TO	rle:of/appli	CANT'SIPROJECTSE	A COLUMN TO THE PERSON TO THE		
		1 1-5 5 2	DISCOVERY INTEG	PATING CLINI	CAL TOIAL DATA WITH	IN THE		
TITLE (Name of Program):	A /TOP		DISCOVERY: INTEGRATING CLINICAL TRIAL DATA WITHIN THE CANCER RESEARCH COMMUNITY					
12. AREAS AFFECTED BY PRO		, States, etc.):						
CA, FL, HI, MI, NC, NY, PA, TN,	,TX							
13. PROPOSED PROJECT			14. CONGRESSIONA	L DISTRICTS	OF:			
Start Date: OCTOBER 1, 2004	Ending Date:	EMBER 30, 2007	a. Applicant CALIFOR	AIIA	b. Project 27TH			
15. ESTIMATED FUNDING:	J. OLI II	_NDET 30, 2007			REVIEW BY STATE EX	ECUTIVE		
a. Federal \$		VU	ORDER 12372 PROCI	SS7	LADDI ICATIONI MAC N	*DE		
		662,130	a. Yes. AVAILABI	LE TO THE ST.	I/APPLICATION WAS M ATE EXECUTIVE ORDE	R 12372		
b. Applicant \$		749,511		S FOR REVIEV				
c. State \$.00	DATE: AF	PRIL 27, 2004				
d, Local \$, bo	PROGRAI	M IS NOT COV	ERED BY E. O. 12372			
e. Other \$		DO	p. No. III.)			ST ATE		
		•	'-' FOR REV	<u>IEW</u>	T BEEN SELECTED BY			
f. Program Income \$			17. IS THE APPLICAN	NT DELINQUE	NT ON ANY FEDERAL	DEBT?		
g. TOTAL \$		1,411,641	☐ Yes If "Yes" attach	an explanation	n. 🛍 No			
18. TO THE BEST OF MY KNOW	WLEDGE AND BELIEF.					THE		
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY OF T	HE APPLICANT AND	THE APPLICA	NT WILL COMPLY WIT	HTHE		
a, Authorized Representative Prefix MS.	First Name		Middle	Nаme				
Last Name	VICTORIA		Suffix					
SAENZ-BROWN								
D. Title DIRECTOR, FINANCIA	L SERVICES/GRANTS	AND CONTRACTS	c, Telephone Number (give area code) 310.449.5253					
d. Signature of Authorized Repres		sens Brown	e. Date					
Previous Edition Usable			_	AFR	IL 27,2004 Standard Form 424 (F	Rev. 9-2003\		

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4 DDL 10 4 TION COD						Version 7/03
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBM April 26,2004	ITTED		Applicant Ider	ntifler
1. TYPE OF SUBMISSION:	Due annilection	3. DATE RECE	IVED BY	STATE	State Applicat	ion Identifier
Application	Pre-application	4. DATE RECE	IVED BY	FEDERAL AGEN	CY Federal Identi	fier
Construction	Construction	April 27, 2004				
Non-Construction 5. APPLICANT INFORMATION	Non-Construction					
Legal Name:				Organizational		
City of Oakland				Department: City	Manager's Office me>	
Organizational DUNS: 13-713-7	977	The state of the s	1	Div	ision:Equal Access	
Address:	下 医 個 臣 什	WEN		Name and telep	hone number of pe	erson to be contacted on matters
Street: One Frank H. Ogawa Plaza	N G G G			Prefix:	pplication (give an	aa code)
One Frank H. Ogawa Flaza	12			Ms.	T HSC Trainer	Deborah
City; Ogkland	APR 2 /	2004		Middle Name	ocio	.,
County: Alameda	Last level		7/28	Last Name Li	iU	4)
State; California	CIP CORP CLEAR	ING HOUS	eces	Sufflx: N	/A	
Country: . U.S.A.				Emall:	Liu@oaklandnet.co	m
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):			Phone Number (Fax Number (give area code)
94-6000384				510-238-2368		510-238-2223
8. TYPE OF APPLICATION:				7. TYPE OF API	PLICANT: (See bad	ck of form for Application Types)
₹ Ne	w D Continuation	n Revis	ioπ	C, Munici	ipal	
If Revision, enter appropriate let (See back of form for description	iter(s) in box(es) n of letters.)	(***		Other (apecify)		
Other (specify)		L.I ·		9. NAME OF FE	DERAL AGENCY: mmunications and li	nformation Administration
10, CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:		11. DESCRIPTI	VE TITLE OF APPL	ICANT'S PROJECT:
		1 1-5	5 2		ty of Oakland's Eme	rgency Communication Multilingual
TITLE (Name of Program):	hnology Opportunity Pro			System		
12. AREAS AFFECTED BY PE				1		
City of Oakland, California	à					
13. PROPOSED PROJECT					SIONAL DISTRICTS	
Start Date:	Ending Date: 09/30/2006			a. Applicant <state> Cali</state>	fornia - 9	b. Project <state>- California - 9</state>
10/01/2004 15, ESTIMATED FUNDING:	03/30/2008			16. IS APPLICA		REVIEW BY STATE EXECUTIVE
			0	ORDER 12372 F	ROCESS?	N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
a. Federal		277,604	0			
b. Applicant \$		279,682			DOESS FOR REVIE	LYY ON
c. State					TE: April 26, 2004	VEDER 6V.E. 0. 40070
d, Local	3	•		D. NO. IIII		VERED BY E. O. 12372
e. Other		1		L Led FOR	R REVIEW	OT BEEN SELECTED BY STATE
f. Program Income	3	0 .	y	17. IS THE APP	LICANT DELINQU	ENT ON ANY FEDERAL DEBT?
g. TOTAL		557,286		1	attach an explanation	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	(AUTHORIZED BY THE	GOVERNING B	THIS AP	PLICATION/PREA THE APPLICANT	APPLICATION ARE AND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative						
Prefix Ms.	First Name Deborah			1	viddle Name Rocio	, w
Last Name Liu				\$	Suffix N/A	
b. Title Equal Access Dir	ector			· ·	:, Telephone Numbe 510-238-2368	er (give area code)
d. Signature of Authorized Repr				e	Date Signed April 26, 2004	de la contraction de la contra

				Version 7/03
PLICATION FOR [2, DATE SUBMITTED				Applicant Identifier
EDERAL ASSISTANCE		3. DATE RECEIVED BY	STATE	State Application Identifier CALFORNIA
TYPE OF SUBMISSION:	Pre-application	4. DATE RECEIVED BY		Federal Identifier
Construction	☐ Construction	A. DATE RECEIVED D.		
Non-Construction APPLICANT INFORMATION	Non-Construction		Organizational Uni	P-
ani Nama				much cations Coordinator
Pro Un com	Housing C	orporation	Division:	Children will a Car 1 (42)
rganizational DUNS:	07	1916340	Name and telepho	ne number of person to be contacted on matters
ddress: treet:	-		involving this app	cation (give area code) First Name: 6
	Taberman S	s	Prefix:	Sandra
Sity.	- 100		Middle Name	2
LOS I WA	Ge le s		Last Name Gul	legos
State: CO	Zip Code	10.15	Suffix:	9
UA	Zip Code 90	ET WE FALL	Email: Saa	llegos Oaufmexinc.com
COUNTRY: USA	ON HUMBER EINE	E-11 V E-11111	Phone Number (giv	/e area code) Fax Number (give area code)
P	1 1 11 1 1		(213) 747-	2790 (213) 743 - 3819
23-711330 8. TYPE OF APPLICATION:	THON APR	27 2004	7. TYPE OF APPL	ICANT: (See back of form for Application Types) FOR Profrt Organization
ATV N	ew Continuat		1 1	FOR COLL SIGNATURE
Revision, enter appropriate in See back of form for descripti	on of letters.)	- JUDIUSE	Other (specify)	
	GTATE CL	EARING HOUSE	9. NAME OF FED	ERAL AGENCY:
Other (specify)			11. DESCRIPTIVE	TE LE OF APPLICANT'S PROJECT:
10. CATALOG OF FEDERA	L DOMESTIC Masia	11-550	Verse	SEE Attached
TITLE (Name of Program):	ti i no	portunities Program		nue plan.
12. AREAS AFFECTED BY	PROJECT (Cities, Coun	ties, States, etc.):	<u> </u>	
	e Angeles Cl	A. USA	- ANGESSI	ONAL DISTRICTS OF:
43. PROPOSED PROJECT			Va Apolicant	b. Project
Start Date:	Ending Date: ON GOING	Need Foreling bezyer	16 IS APPLICAT	TION SUBJECT TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 P	ROCESSY MADE LICATION WAS MADE
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b. Applicant	s A	8,400 .00	-	- A
c. State	5	.00	DAT	/ 11 W ~ ~ ~ ~
d, Local	\$.00.		OGRAM IS NOT COVERED BY E. O. 12372
a. Other	\$.00		PROGRAM HAS NOT BEEN SELECTED BY STATE
	\$.00	17. IS THE APP	REVIEW LICANT DELINQUENT ON ANY FEDERAL DEBT?
I. Program Income		(C) /Agg .00	Tyes If 'Yes'	attach an explanation.
g. TOTAL		700 TOWN		THE AND CORRECT THE
8. TO THE BEST OF MY	KNOWLEDGE AND BE ULY AUTHORIZED BY	THE GOVERNING BODY	OF THE APPLICANT	APPLICATION ARE TRUE AND COMPLY WITH THE
ATTACHED ASSURANCE a Authorized Representati	SIF THE ACCIONATE	IS AWARDED.		Middle Name
Prefix	First Name)		Suffix
Last Name				Triantino Number /give area code)
Title Factor	50	-00	1	(213) 252 1111
Signature of Authorized		710		e Date Signed
	andraly	pellegeo	13	Standard Form 424 (Rev.9-2 Prescribed by OMB Circular A
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PLICATION FOR		2. DATE SUBMITTED		Applicant Identific	er"
DERAL ASSIST		3. DATE RECEIVED BY	STATE	State Application	Identifier
TYPE OF SUBMISS Copplication	Pre-application	4. DATE RECEIVED BY		Federal Identifie	7
Construction	☐ Construction	4. DATE RECEIVED D.			
Non-Construction APPLICANT INFORM	Non-Construction		La densi (leit		
			Organizational Unit		one Coordinator
Pico U	NION HOUSING C	orporation	Division:	mount cate	
rganizational DUNS:	01	916340	All and tolerabor	e number of pers	on to be contacted on matters
ddress:		7 N7 P	Involving this appli	First Name:	code)
rest:	一一同是	GEIVE	Prefix:	San	Cyb
1625	TO TO		Middle Name 207	,	
LO3 (In geles Hill	APR 2 7 2004	Last Name (30 1)	e605	
<u> </u>	AYI GELE	7111 6	Suffix:		
state: CA	70	0 15	Squ!	lego Oc	Fax Number (give area code)
Country: US	AT AT	FOLEARING HO	Phone Number (give	area code)	
	FICATION NUMBER	See	(A17) -11,-	AT CA	(213) 743-3819
8. TYPE OF APPLICA	1307 TION: 4	W CA ZON IS NO.	- A - C1 1	CANT. (See hack	of form for Application Types)
E. A.	New Continuat	ion 🗌 Revision	D: NOT	FOR ALDER	Organization
Revision, enter appro See back of form for d	opriate letter(s) in box(es)		Other (specify)		
		L .	9. NAME OF FEDE	RAL AGENCY:	in cotions States Adm
Other (specify)		TOT NUMBER.	National	TITLE OF APPLI	CANT'S PROJECT:
10. CATALOG OF FE	EDERAL DOMESTIC ASSISTA	11-552	Doors	SEE AH	Lached .
			ال برصريات	rue pla	N
TITLE (Name of Progr	lectinology CA	portunitles Program	A Except	,	
12. AREAS AFFECT	ED BY PROJECT (Cities, Coun	1 12A			0.5
13. PROPOSED PRO)JECT	7 1 1 - 1 1	14. CONGRESSIO	DNAL DISTRICTS	b. Project
Start Date:	Ending Date: ON GOING	Need Foreling bestyar		ON SUBJECT TO	REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUL			ORDER 12372 PR	DCESS	WARRI CATION WAS MADE
a Federal		50000000			
b. Applicant	\$ 8	8,400 .00	PRO	LABLE TO THE S CESS FOR REVIE	no wi
	\$.00	DATE	Home 2	6-04
t. State	\$.00	b. No. D PRO	GRAM IS NOT CO	VERED BY E. O. 12372
d. Local		.00	OR F	ROGRAM HAS N	OT BEEN SELECTED BY STATE
e. Other	\$.00	17. IS THE APPL	LICANT DELINGU	ENT ON ANY FEDERAL DEBT?
I. Program Income	\$	00		an explanati	on. Tho
g. TOTAL	\$ \$ 30 C	HANDI			TOUR AND CORRECT. DE
18. TO THE BEST	OF MY KNOWLEDGE AND BE	THE GOVERNING BODY	OF THE APPLICANT	AND THE APPLIC	ETRUE AND CORRECT. THE CANT WILL COMPLY WITH THE
ATTACHED ASSUF	RANCES IF THE ASSISTANCE	IS AWARDED.			
e. Authorized Repre	esentative Lame			hiddle Name	
	(S Jorta)			Suffix	
	25116		C	. Telephone Numb (2(う)	per (give area code) 2 중경 - 1991
Title /E	(ecorive Direct	7012	•	. Date Signed	
	norized Representative	Callege		and the second s	Standard Form 424 (Rev.9-2 Prescribed by OMB Circular A
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PPLICATION FOR EDERAL ASSISTANCE	-	2 DATE SUBMITTED ADVIL 23 2	100//	Appricant Ider	nulfier	
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicat	tion Identifier	
Application	Pre-application	4, DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier	***********
Construction	Construction	1	<u></u>			
Non-Construction APPLICANT INFORMATION	Non-Construction		Organizational Un	It: CITY O	OF COLFAX	
egal Name:			Department:	11. (11)) Color Fil	
CITY OF COL	FAX					
- Parland DUNS	9491521		Division:		to be contested on mit	PACE
ddress:	77.12		Name and telepho	lication /give an	erson to be contacted on ma ea code)	ilei 3
treet P.O. Bax 702	, IINII	APR 2 6 2004	Prefix: Mr	First Name:	Chert	
33 S. Main St	reet LL	71111 2 0 2001	Middle Name		0.007	
Colfax			Last Name D			
County: Placer	STATE		rer	rault		
State: California	Zip Code 95713		Suffix Citv	Manage	r	
	1510		Email: COLFO	xbp@foo	thill.net	
E EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Phone Number (gi	e area code)	Leax Infilipper (divi alea crue)	
			(530) 346	-23/3	(530) 346-6214	
94-6000311 LTYPE OF APPLICATION:	3)		7. TYPE OF APPL	ICANT: (See ba	ck of form for Application Type	s)
NEW APPLICATION	ew 🖺 Continus	tion 🔲 Revision	•	C. Mur.	nicipal	
Revision enter appropriate le	etter(s) in box(es)		Other (specify)	J .		
See back of form for descriptk	on or letters.)		9. NAME OF FED	ERAL AGENCY:		
Other (specify)			USDA Rure	1 Developm	ont Rural Utilities Ser LICANT'S PROJECT:	VICE
10. CATALOG OF FEDERAL	L DOMESTIC ASSISTA	ANCE NUMBER:				
		10-760	CITY	OF COLFA	X WASTEWATER	
TITLE (Name of Program):	0/400401 /	CONSCIONAL OPERA		MENT PU		
TITLE (Name of Program): WATER & WAS 12. AREAS AFFECTED BY F	PROJECT (Cities, Cour	rties, States, etc.):	IMPRO	VEMENTS		
City of Colfax;	Placer County; 4	alhornia	1 '			
13, PROPOSED PROJECT			14. CONGRESSI	ONAL DISTRICT	S OF:	
Start Date:	Ending Date: Summer	2006	a. Applicant	7	some	TIME
Spring/Summer 200 15, ESTHINATED FUNDING:	4 30111161		16. IS APPLICATION ORDER 12372 PI	TON SUBJECT T	TO REVIEW BY STATE EXEC	OHA
)œ	(77(000	THIS	PREAPPLICATI	ON/APPLICATION WAS MADE STATE EXECUTIVE ORDER 1	E 12372
a. Federal	5	6,776,000	PRO	CESS FOR REVI	STATE EXECUTIVE ORDER 1	
b. Applicant	5	400,000		April 2		
c. State	\$					
d. Local	\$	· ·	IN NO. ILI		OVERED BY E. O. 12372	
e, Other	\$. w		PICK (ICA)	NOT BEEN SELECTED BY ST	
			17. IS THE APP	JCANT DELING	UENT ON ANY FEDERAL DE	BT?
f. Program Income	\$				tion. No	
g, TOTAL	s	7,176,600		nttach an explana	E TRUE AND CORRECT. TH	E,
			OF THE APPLICANT	AND THE APPL	E TRUE AND CORRECT. TH CANT WILL COMPLY WITH	LHE
ATTACHED ASSURANCES	IF THE ASSISTANCE	IS AWARDED.	1			
a. Authorized Representative	First Name Rol		N.	iddie Name	· · · · · · · · · · · · · · · · · · ·	
<u>Mr.</u>		<u>jeri</u>	s	uffix		
Last Name Perrault	·			Telephone Num	per (glve area code)	
Tille and a	gaer			(530) 3 Date Signed	346-23/3	
d, Signature of Authorizati	apresentativa			, Date Signed Ay	oril 23,2004 Standard Form 424 (Re	v 9-20
					>1=110×10 €01111 ♥△4 (1\©	

04/26/2004 15:24

APPLICATION F			•	CACO-SAED ON IDVOTORA BIMO			
FEDERAL ASSI	STANCE		2, DATE SUBMITTED	Applicant Identifier			
1. TYPE OF SUBMISSION:			April 13, 2004				
Application		Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier			
X Construction		Construction					
			4. DATE RECEIVED BY FEDERAL AGENCY	Foderal Identifier			
Non-Construction		Non-Construction		F-95-B Amendment #5			
5, APPLICANT INFORMAT	NON						
Legal Name:	STATE OF CALIFOR	AINS	Organizational Unit:				
Address (give city, county, s	tate and zip code);		Department of Fish an	d Game			
CA Departme	nt of Fish & Game grams Branch	C E T W E	Name and telephone number of the person to be contacted on matters involving this				
Fisheries Pro	grams Branch	G E II V B	application (give area code):				
1812 Ninth St	11 71						
Sacramento,		APR 2 6 2004		(916) 445-3559			
6. EMPLOYER IDENTIFICA	1 1 1 1 1 1	M111 2.0	TYPE OF APPLICANT: (antor appropriate k	itter): A			
	94-1697567		A Stato	H. Independent School Dist.			
B. TYPE OF APPLICATION	X Continuation STATE	Charlet RING HO	BSE). State Controlled Instruction			
If Revision, anter appropriate	A Continuation S A E	Ravision 1111	C_Municipal	of Higher Learning			
1	C C		D. Township	J. Private University			
A, Increase Award	B. Decrease Award		E. Interstate F. Intermunicipal	L Individual			
C. Increase Duration	D. Decrease Duration		G. Special District	M. Profit Organization N. Other (Specify)			
E Other (apacify):				Take (apochy)			
10, CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER; 9. NAME OF FEDERAL AGENCY;							
15-605	ı		U.S. Department of th	e Interior			
TITLE;	Sport Fish Restora	ation Act	U.S. Fish and Wildlife	Service			
	PROJECT (cilios, countles, states		11. DESCRIPTIVE TITLE OF APPLICANT'S PE	ROJECT:			
			Amendment #4 to Motorbo	at Access Enhancement			
	Santa Clara Cou	n ty	Project for Anderson Lake	Boat Launching Facility.			
		_	Requesting an extension to accommodate project				
19. PROPOSED PROJECT:			construction. No change in c				
Start Date	Ending Date	14. CONGRESSIONAL DISTR	ICTS OF				
12/03/98	05/01/06	a. Applicant		b. Project			
15. ESTIMATED FUNDING:		3	<u> </u>	16			
a. Foderal	\$2,303,250.00	16. IS APPLICATION SU	BJECT TO REVIEW BY STATE EXECUTIVE DR	DER 12372 PROCESS?			
b. Applicant		a. YES. THIS PREAP	PLICATION/APPLICATION WAS MADE AVAILA	NETO THE			
		STATE EXE	CUTIVE ORDER 12372 PROCESS FOR REVIEW	YON:			
c. Strato	\$767,750.00	D ate:	April 26, 2004				
		b. NO, PROGR	AM IS NOT COVERED BY E.O. 12972				
d. Local		OR,PR	OGRAM HAS NOT BEEN SELECTED BY STATE	FOR REVIEW			
a. Other		17. IS THE APPLICATION	Y DELINQUENT ON ANY FEDERAL DEBT?				
f. Program income				Y Na			
g. TOTAL	\$3,071,000.00	1 FGS	". attach an explanation	<u>X</u> No			
		ATA IN THIS APPLICATION SO	EADQUOTEDIA ACT				
AUTHORIZED BY THE GOVE	ERNING BODY OF THE APPLICAN	VT AND THE APPLICANT WILL	EAPPLICATION ARE TRUE AND CORRECT. THE COMPLY WITH THE ATTACHED ASSURANCE	E DOCUMENT HAS BEEN DULY			
a. Typed Name of Authorizon	Representative 1		D. Tiller				
The Orne	Nardy of	_	Deputy Director, Admin.	© Telephone Number (916) 653-4633			
d. Signature of Authorized Ro	opresentative						
				e. Date Signod			
Approved for the Secretary of	the Interior						
- adaramil (I	madio		Title:	Date			
Signature							
Previous Editions Not Useble				Stendard Form 474 (REV 4.88)			

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	_			OMB Approval No. 0348-0043
PPLICATION FOR		·	- OATE ŞUBMITTED	Applicant Identifier
DERAL ASSIST	ANCE IN E	GEIVE	April 13, 2004	
TYPE OF SUBMISSION:	11111		S DATE RECEIVED BY STATE	State Application Identifier
Application.	Dra-apolication (
Construction	Construction	APR 2 6 2004	4. DATE RECEIVED BY FEDERAL AGENCY	Federal identifier
	1	7.1.1. 2.0 2.001		F-11 <u>5-B</u>
Non-Construction	Non-Construction	1		
APPLICANT INFORMATION	QTATE	CLEADING HOL	Organizational Unit	
el Name: S	TATE OF SALIF	ORNIAMAING HO	Department of Fish ar	nd Game
tross (give city, county, state	and zip code):		Name and talephone number of the person to	on contaced on matters involving this
Dept. of Fish & Ga	me - Fisheries Prog	rams Branch		
1812 Ninth Street	e e e		application (give prea code): Carolyn Murata (916) 445-3559
Sacramento, CA	5814		7. TYPE OF APPLICANT: (anter appropriate	
EMPLOYER IDENTIFICATION	ON NUMBER (EIN):			H. Independent School Dist.
9.	4-1697567		A. State	State Controlled Instruction
TYPE OF APPLICATION:			B. County	of Higher Learning
x New	Continuation	Revision	C. Municipal	J. Privete University
Revision, enter appropriate le	etter(s) in box(es):	-	D. Township	L Individual
Γ			E. Interstate	M. Profit Organization
Increase Award	E. Decress Award		F. Intermunicipal	N. Other (Specify)
, Increase Duration	D. Decrease Duration		G. Special District	W. Other (Opport)
Other (specify):				
O, CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	NUMBER:	9. NAME OF FEDERAL AGENCY: U.S. Department of t	he Interior
15-605			U.S. Fish and Wildlif	in Sprvice
TITLE:	Sport Fish Resto	ration Act	11. DESCRIPTIVE TITLE OF APPLICANTS	
Z. / AREAS AFFECTED BY	•	Status, God).	Motorboat Access Enhan West Park/Riverbend Boat	cement Project for
	Butte County		To upgrade existing facility	Project statement attached
13. PROPOSED PROJECT:				
Start Dete	Ending Data	14. CONGRESSIONAL DISTRIC	CTS OF:	b, Project
04/ /04	6/30/2008	a. Applicant		b, Project
15. ESTIMATED FUNDING:			3	
a. Federal	\$764,778	16. IS APPLICATION	ON SUBJECT TO REVIEW BY STATE EXECUT	NAME OF TO THE
_		a. YEŞ, THIS P	PREAPPLICATION/APPLICATION WAS MADE	AVAIDABLE (O THE
b. Applicant	. •	STAT	E EXECUTIVE ORDER 12372 PROCESS FOR	(KEALEAA QIA:
			A 1101 2001	
c. State	\$254,926	Date	o: April 20 art	
		b. NO P	PROGRAM IS NOT COVERED BY E.O. 12372	COLUMN TO SELVIE W
d. Local			OR PROGRAM HAS NOT BEEN SELECTED S	T STATE FOR REVIEW
0.1		17. IS THE APPLI	CATION DELINQUENT ON ANY FEDERAL DE	BT?
e. Other			If "Yes", attach an explanation	<u>X</u> No
f. Program Income	\$1,019,704	-		
g. TOTAL		ALL BATA IN THIS APPLICATIO	ONPREAPPLICATION ARE TRUE AND CORRE	ECT. THE DOCUMENT HAS BEEN DULY
18. TO THE BEST OF MY I	KNOWLEDGE AND BELIEF YERNING BODY OF THE A	PPLICANT AND THE APPLICANT	T WILL COMPLY WITH THE ATTACHED ASSU	RANGES IF THE ACOID THE
R. Typed Name of Authoriza			b. Title: Deputy Director, Admit	(0.40) 000 40
				e. Date Signed
d. Signature of Authorized I	Representativa	dy du		4/24/04
Approved for the Secretary	of the Imprior	70	Titlo:	Dota
Signature		-		Standard Form 424 (REV 4-88)
Previous Editions Not Usab	ila		Reproduction	Prescribed by OMB Circular A-102

ADDITION							
APPLICATION FOR FEDERAL ASSISTANCE	<u> </u>	2. DATE SUBMITTED		Applicant Ide	Version 7/		
1. TYPE OF SUBMISSION: Application	Des and the fi	3. DATE RECEIVED BY	STATE	State Applica	tion Identifier		
Construction	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Ident	ifier		
Non-Construction	Construction		· EDEIGE AGENOT	i ederal idelit	mer		
5. APPLICANT INFORMATION	Non-Construction						
Legal Name:	E B B B	N E IN	Organizational Un	it:			
West Hills Community College E	istrical E G E		Department:	ning Resources			
Organizational DUNS: 0801217		11111	Division:	ing (tecesion	A comment		
Address:	TIME ADD O	6 7004 1141	Name and tolopho	no numbos of no	erson to be contacted on matters		
Street:	TIMI AFR Z	5 2004	involving this appl	ication (give are	erson to be contacted on matters ea code)		
9900 Cody Avenue	Provided in the second		Prefix: Ms.	First Name:	Carole		
City: Coalinga		DINO HOUSE	Middle Name		Saluie		
County:	- STATE CLEA	RING HOUSE	Suza	nne			
Fresno	W. ()		Last Name Gold	smith			
State: CA	Zip Code 93210		Suffix:				
Country: United States of American			Email:				
6. EMPLOYER IDENTIFICATIO				nith@westhillsco			
	1 (LIV).		Phone Number (give	area code)	Fax Number (give area code)		
77-0323447 8. TYPE OF APPLICATION:			(559) 934-2131		(559) 934-2819		
	17")	may	7. TYPE OF APPLI	CANT: (See bac	k of form for Application Types)		
If Revision, enter appropriate lette	er(s) in box(es)	Revision	State Controlled Institution of Higher Learning				
(See back of form for description	of letters.)		Other (specify)	ner (specify)			
Other (specify)			9. NAME OF FEDE	DAL ACENCY.			
	U. S. Department	of Commerce					
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:		
		1 1-5 5 2	Central California C	linical Site Acces	s Project		
TITLE (Name of Program): Technology Opportunities Progra	am		Ì				
12. AREAS AFFECTED BY PRO	DJECT (Cities, Countles,	States, etc.):	-				
Fresno and Kings Counties	,	, ,					
13. PROPOSED PROJECT			14. CONGRESSION	IN DISTRICTS	OE:		
Start Date:	Ending Date:		a. Applicant		b. Project		
July 01, 2004 15. ESTIMATED FUNDING:	June 30, 2009		20th - West Hills Col		20th, 19th		
			ORDER 12372 PRO	N SUBJECT TO CESS?	REVIEW BY STATE EXECUTIVE		
a. Federal \$		569,167	THIS PE	REAPPLICATION	VAPPLICATION WAS MADE		
b. Applicant \$		00	PROCE	SS FOR REVIEV	ATE EXECUTIVE ORDER 12372 V ON		
c. State		569,167	1				
		•	DATE:				
d. Local S		.00	b. No. PROGR	AM IS NOT COV	ERED BY E. O. 12372		
e. Other S		uo	OR PRO	GRAM HAS NO	T BEEN SELECTED BY STATE		
f. Program Income \$		00	FOR RE	VIEW			
		•	17.15 THE APPLICA	AN I DELINQUE	NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		1,138,334	☐Yes If "Yes" attac	h an explanation	. 🖟 No		
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF,	ALL DATA IN THIS ADD	ICATION/DDE ADDI	ICATION ADE T	DUE AND CORDERY THE		
DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF TH	COUNTRY THE C	IUVERNING BONY OF T	HE APPLICANT AND	THE APPLICAL	NT WILL COMPLY WITH THE		
2 Authorized Description		MINDED.					
Prefix Dr.	First Name Frank		Middle	Name P.			
Last Name			Suffix	г.			
Gornick D. Title				mhara N.			
Chancellor				phone Number (9) 934-2102	give area code)		
 Signature of Authorized Representation 	entative			e Signed			

TYPE OF SUBMISSION: pplication	Pre-application	3. DATE RECEIVED B	Y STATE	State Applica	tion Identifier
Construction Non-Construction APPLICANT INFORMATION agail Name:		1		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	mon legitimet
Non-Construction APPLICANT INFORMATION egal Name:	M: Construction	A DATE DECEIVED D	Y FEDERAL AGENCY	 	141
applicant INFORMATION agail Name:		- DATE RECEIVED B	T FEDERAL AGENCY	Foderal Iden	ilfler
egal Name:	Non-Construction	<u>L.</u>			4
Coachella Valley Ho			Organizational Unit:		,
	nusing Capition		Department		
reanizational DUNS:	particular and the Comment of the Co		Division:		
61-328-1070			n II I	•	
1dress:			Name and telephone	number of po	erson to be contacted on matt
45-701 Monroe Str	111111		involving this applic	ation (give are First Name:	a code)
ty:		2 6 2004	Mr.		Steven
Indio	- - - 		Mddlc Name	-	
ounty:			Last Name		, b
Riverside ate:	Zip Code ATE CL	EADINGHAH	Crowell		
California	21 6 8 1 8 2 2 6 + UL	LAMINO HOU	J Suffix:		
unitry: United States			Email:		
EMPLOYER IDENTIFICATION	NUMBER (FIN):		Scrowell@cvho	o.org	TE N
95-3814898			, "	* *	Fax Number (give area code)
TYPE OF APPLICATION:	~!		(760) 347-315		(760) 342-6466
	rr i	-	7. TYPE OF APPLICA	INT: (See bac	k of form for Application Types)
New evision, enter appropriate letter	Continuation	Revision	-	O NON PROFI	π .
o back of form for description o	of letters.)		Other (specify)		,
ter (specify)			**		
ioi (opeony)			9. NAME OF FEDERA	L AGENCY:	nent of Agriculture
CATALOG OF FEDERAL DO	MESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TIT	T F OF APPLIC	CANT'S PROJECT
	•		1	Solano Apartm	
LE (Name of Program):	•	10-415	The rehabilitation of th	is 43 unit SRO	will be serving low to very-law
USDA	515 Rural Rental Housi	ng Programs	Income individuals. Ur	iit average size	ls 450 square feet including
AREAS AFFECTED BY PRO		States, etc.):	Slonificant complex wil	l baths. Preser I contribute to t	vation of this architecturally the integrity and fabric for the Ci
ity of Blythe, County of Riversi	de, State of California	•	of Blythe.		the mireginay and radine for the Cr
PROPOSED PROJECT			14. CONGRESSIONAL	L DISTRICTS O	OF:
February 1, 2005	Ending Date: February 1, 2	nne .	a. Applicant		b. Project
ESTIMATED FUNDING:	1 ebildiy 1, 2		45th Distric		45th District REVIEW BY STATE EXECUTIVE
Federal R			WRDER 12372 PROCE	552	
redistal \$		500.000	a. Yes. THIS PRE	APPLICATION	APPLICATION WAS MADE
ppkcant 5	-	w	AVAILAGE	FOR REVIEW	HE EXECUTIVE ORDER 1237:
hat-		37,381	4		
late surry of Riverside EDA	•	1,000,000	DATE: Api	ril 4,2004	•
ty of Blythe		200,000	b. No. III PROGRAM	IS NOT COVE	ERED BY E. O. 12372
ther s					
·IP		200,000	FOR REVI	ram has not Ew	BEEN SELECTED BY STATE
gram Income \$		2,230,265			IT ON ANY FEDERAL DEBT?
OTAL \$					_
TO THE BEST OF INCIDENT		4,167,647	Yes If "Yes" attach	n explanation.	₽ No
TO THE BEST OF MY KNOW! UNIENT HAS BEEN DULY AU ACHED ASSURANCES IN THE	LEDGE AND BELIEF, A ITHORIZED BY THE GO	LL DATA IN THIS APP	LICATION/PREAPPLIC	ATION ARE TE	LUE AND CORRECT. THE
TALIER MOCOLDATORS IL ILLE	ASSISTANCE IS AW	ARDED,	INE APPLICANT AND I	HE APPLICAN	IT WILL COMPLY WITH THE
uthorized Representative	rst Name				
IVII.	John John	*	Middle N	ame F.	
Name Mealey			Suffix	1.1	
c Medicy			<u> </u>		,
nature of Authorized Represen			c. ielebr	one Number (g (760) 347-31	
Santing of the state of the	stativo				

						ou, /		version //0	
APPLICATION FOR		2. DATE SU	2. DATE SUBMITTED		icant Identifier				
FEDERAL ASSISTA	NCE		16Mar2004	16Mar2004		2004-01			
1. TYPE OF SUBMISSION			3. DATE REC	CEIVED BY STATE	=	State Application Identifier			
Application	Pre-appli	ication							
☑ Construction		struction	4. DATE REC	CEIVED BY AGENO	CY	Federal Identifier			
☐ Non-Construction	_				-	3-06-0017-26			
5. APPLICANT INFORMATI		Construction		0-00-0017-20					
Legal Name:	0.11			Organizational Unit: County of Kern					
County of Kern									
Organizational DUNS: 94-91	10 0015			Department: Department of Airports					
Address:	.0-9010			Division:		for the books			
Street: 1401 Skyway Dri	ive			this application (of person to be conta e area code)	acted on ma	atters involving	
Suite 200				Prefix: Mr.			First Name	e: Jack	
City: Bakersfield				Middle Name: R	₹				
County: Kern				Last Name: Got	tche	er	•		
State: CA		Zip Code: 933	08	Suffix:				11.00	
Country: United States				Email: gotche	ri@	co.kern.ca.us			
6. EMPLOYER IDENTIFICA	TION NUI	√BER (EIN):		Phone Number (Fax Numb	er (give area code)	
9 5 - 6 0 0 0 9 2 5				(661) 393 - 799	90		(661) 861	I - 3322	
8. TYPE OF APPLICATION	i			7. TYPE OF APPLICANT (See back of form for Application Types)					
New Conti	inuation	Revision	!	В					
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)				Other (Specify)					
Other (specify)				9. NAME OF FE	DEF	RAL AGENCY:			
				1		tion Administrat	ion		
10. CATALOG OF FEDERA	L DOMES	TIC ASSISTANC	E NO.	11. DESCRIPTIV	VE T	TITLE OF APPLICA	NT'S PRO	JECT:	
2 0	- 1	0 6		Construct New Terminal building, Phase VI; Extend Runway 12R/30L, Phase III; Rehabilitate Airfield Lighting; Rehabilitate					
TITLE (Name of Program): #	Airport In	nprovement Pr	rogram	Airfield Signage; Rehabilitate Southeast Taxiways and Aircraft Parking Aprons - Meadows Field Airport					
12. AREAS AFFECTED BY P	ROJECT (Cities, Counties, S	States, etc.):	Parking Apro	ons	- Meadows Field	d Airport		
City of Bakersfield;	Kern Co	unty; Californi	a						
13. PROPOSED PROJECT				14. CONGRESSIONAL DISTRICTS OF:					
Start Date		Ending		a. Applicant				b. Project	
15July2004 15. ESTIMATED FUNDING:		15 F	April2005	22				22	
				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?					
a. Federal	21-41 19 1 E	dama?	200,000.00	a. YES.	I TI	HIS PREAPPLICAT VAILABLE TO THE	TION/APPL STATE EX	ICATION WAS MADE KECUTIVE ORDER 12372	
b. Applicantc. State	ins a second	<u>. L \$ '</u>	688,900.00		P	ROCESS FOR RE	/IEW ON:		
	0 20	~^ I	\$ 0 . 00		1	ATE: 17March20			
ATN	3 6 20	<u>U4</u>	\$ 0 . ⁰⁰	b. NO	- 1	ROGRAM IS NOT			
e. Other		- ALINE	\$ 0 . ⁰⁰					N SELECTED BY STATE	
f. Program Income	EARING	HOUSEL	\$ 0 . ⁰⁰	17. IS THE AP	PLI	CANT DELINQUEN	IT ON ANY	FEDERAL DEBT?	
g. TOTAL		\$ 6,8	888,900. ⁰⁰			attach an explanati		☑ No	
18. TO THE BEST OF MY K DOCUMENT HAS BEEN DU THE ATTACHED ASSURAN	JLY AUTHO	ORIZED BY THE	E GOVERNING	G BODY OF THE	ATIO APP	ON/PREAPPLICATION PLICANT AND THE	ON ARE TE APPLICAN	RUE AND CORRECT. THE IT WILL COMPLY WITH	
a. Authorized Representative	,								
Prefix Mr .		First Na	ame: Raymor	nd	М	liddle Name: C.			
Last Name: Bishop	**************************************				Sı	uffix:			
b. Title: Director of Airpor	rts	()			c.	Telephone: (661)	393-7990		

d. Signature of Authorized Representative:

Standard Form 424 (Rev 9-2003) Prescribed by OMB Circular A-102

e. Date Signed: 16March2004

APPLICATION FOR					Version 9/03
FEDERAL ASSISTANCE 2. DATE SUBMI 4-21-04		2. DATE SUBMITT	ED Applicant Identifier		cant Identifier
TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVE	D BY STATE	State	Application Identifier
☐ Construction	Construction	4. DATE RECEIVE	D BY FEDERAL AG	ENCY Fede	ral Identifier
⊠ Non-construction	☐ Non-Construction			DE-	FG36-03GO13048
5. APPLICANT INFORMATIO	N		Organizational L	Init:	
Legal Name: LAKE COUN	TY SANITATION DISTRI	СТ	Department: N/A	-	
Organizational DUNS:			Division: N/A		
Address:				hone number of population (give ar	person to be contacted on matters
Street: 230 A MAIN STF	REET		Prefix: MR		e: MARK
City: LAKEPORT			Middle Name:		
County: LAKE			Last Name: DEL	LINGER	
State: CA	Zip Code: 95453		Suffix:		**************************************
Country: USA			Email: markd@	co.lake.ca.us	
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Phone Number (g	ive area code)	FAX Number (give area code)
9 4 - 6 0 0 0	8 2 5		707/263-0119		707/263-3836
8. TYPE OF APPLICATION:	w 🛛 Continuation	□ Bi.i	1		ck of form for Application Types)
If Revision, enter appropriate le		Revision	G Special Dis	trict	
(See back of form for description	on of letters.)	С	Other (specify)		
Other (specify)	<u>(</u>		9. NAME OF FED		
10. CATALOG OF FEDERAL I	OMESTIC ASSISTANCE NU	MRED.	DEPARTMENT		ICANTS PROJECT:
II. OATALOG OF TEDLICAL I		TTT	i		PELINE FINAL DESIGN OF
	<u> </u>		INITIAL COMP	ONENTS	
TITLE (Name of Program) 12. AREAS AFFECTED BY PR	00 1507 (0#1 011 04				
LAKE COUNTY, CA	OJECT (Chies, Countries, Sta	nes, etc.)			
13. PROPOSED PROJECT			14. CONGRESSIO	ONAL DISTRICTS	OF:
Start Date	-		a. Applicant b. Project FIRST FIRST		
15. ESTIMATED FUNDING:				ION SUBJECT TO	REVIEW BY STATE EXECUTIVE
	The state of the s		ORDER 1237	2 PROCESS?	
a. Federal		980,500.00			N/APPLICATION WAS MADE
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c. State	APR 2 6 2004	.00	DA1	TE: 4/21/04	
d. Local	Alle	I			OVERED BY E.O. 12372
e. Other	TE CLEARING HOUSE	080 500 00	☐ OR	PROGRAM HAS N	NOT BEEN SELECTED BY STATE
	Parameter Daniel	980,500.00		R REVIEW	NT ON ANY FEDERAL DEBT?
f. Program Income \$.00	17. 10 111274 1 21	OANT BEENTAGE	NI ON ANT LEBENAL BEBY!
g. TOTAL \$		1,961,000.00		es," attach an expla	
DOCUMENT HAS BEEN DUL'					RE TRUE AND CORRECT. THE CANT WILL COMPLY WITH THE
ATTACHED ASSURANCES. a. Authorized Representative					
	irst Name MARK			Middle Name	
Last Name DELLINGER				Suffix	
b. Title ADMINISTRATOR		/			mber (give area code)
Email: markd@co.lake.ca.t	ıs			Fax Number (give 707/263-3836	e area code)
d. Signature of Authorized Repr	esentative	00		e. Date Signed	
	· v WM(C)/	XXXXXXX	i		

A	PLICATION FOR					Version 7/03	
F	EDERAL ASSISTANCE		2. DATE SUBMITTED ADril 2. 2004		Applicant Ider	ntifier	
	TYPE OF SUBMISSION:	Pre-application	3. DATE RECEIVED BY		State Applicat	lion Identifier	
É	Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier	
E	Non-Construction	Non-Construction	,				
5	APPLICANT INFORMATION pal Name:			Organizational Unit:			
1				Department:			
	achella Valley Housing Coalit	ion	Manager 1	<u> </u>			
6	lanizational DUNS: -328-1070			Division:			
	dress:					rson to be contacted on matters	
\$1 44	eet: 701 Monroe Ste., Ste. G			involving this applic	First Name:	a code)	
	P. C.			Middle Name -	John		
	lio			F, ·			
Ri	.inty: raside			Last Name Mealey		·	
SC	ie:	Zip Code 92201		Suffix:			
Ci	intry:			Email: john.mealey@cvhc.or	ra		
6.	MIPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give a		Fax Number (give area code)	
	95-3814898			(760) 347-3157		(760) 342-6466	
8.	YPE OF APPLICATION:			7. TYPE OF APPLICA	ANT: (See bac	k of form for Application Types)	
	₩ New	Continuation	n 🖺 Revision	Not-for-Profit		,,	
If F (St	evision, enter appropriate letter back of form for description	er(s) in box(es)		Other (specify)			
OI	er (apecify)			9. NAME OF FEDERA USDA Rural Develope			
10	CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLI	CANT'S PROJECT:	
		* * * * * * * * * * * * * * * * * * * *	10-415	Desert Hot Springs F			
TIT	LE (Name of Program):			12 - 1 bedroom	rge tamily proje	ct. Unit mix consists of:	
LU	DA - RD 515 Rural Rental Ho			16 - 2 badroam			
1	AREAS AFFECTED BY PRO		, States, etc.):	20 - 3 bedroom			
_	sed Hot Springs, Riverside Co	ounty, CA					
	PROPOSED PROJECT	Ending Date:		14. CONGRESSIONA a. Applicant	L DISTRICTS	OF: b. Project	
1	ember 2004	January 2006	0	45th		41st	
15	ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PROC		REVIEW BY STATE EXECUTIVE	
а.	ederal \$		1,000,000	THIS PRE	APPLICATION	VAPPLICATION WAS MADE ATÉ EXECUTIVE ORDER 12372	
	;plicant \$			1 ~~~	S FOR REVIEV		
⊢	ferred Developer Fee		653,729	DATE: 03	3/03/04		
LA	Prunds 5		300,000	PROCEA		ERED BY E. O. 12372	
5	unty HOME Funds		850,000]р. №. цл			
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	ogram Income \$		- do	17. IS THE APPLICAL	NT DELINQUE	NT ON ANY FEDERAL DEBT?	
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bo	OTHE BEST OF MY KNOW UNIENT HAS BEEN DULY A ACHED ASSURANCES IF T	UTHORIZED BY THE	GOVERNING BODY OF T			RUE AND CORRECT, THE NT WILL COMPLY WITH THE	
a.,	uthurized Representative	*, *,*		N (i d d l c	Nama		
Pre	IA	First Name John		Middle F.	Name		
La	Name	$\overline{}$		Suffix			
b. 7	ie / //	al .			phone Number 347 - 3157	(give area code)	
	Inature of Authorized Regree			e, Date	Signed		
Pre	ious Edition Usable	/		INSTERN	30, 2004	Standard Form 424 (Rev.9-2003)	
	prized for Local Reproduction	1				Prescribed by OMB Circular A-102	

USDA RURAL DEV



Rural Development

Business » a « Housing » a « Utilities

Jeffrey D. Deiss
Multi-Family Housing Program Director
430 G Street, # 4169
Davis, CA 95616-4169
Ph: (530) 792-5830
FAX: (530) 792-5838
TDD: (530) 792-5848
ieff.deiss@ca.usda.gov
www.rurdev.usda.gov/ca

April 26, 2004

I'C BE SENT VIA TELEFAX -- (916) 323-3018

California State Clearinghouse Office of Planning & Research 1400 Tenth Street Sacramento, CA 95814

Dear Sir or Madam:

ubject:

DESERT HOT SPRINGS FAMILY PROJECT

Intergovernmental Review of Federal Assistance

Pursuant to Executive Order 12372

Rural Rental Housing (RRH) Loan Application

JSDA Rural Development has received an application from Coachella Valley Housing Coalition, for indexal loan funds on a proposed 60-unit, family rental housing project in Riverside County. Attached is itandard Form 424, "Application for Federal Assistance," describing the project and a map, if available, thowing its location.

Iny comments that state or local government agencies wish to provide would be most welcome. All parties are naturally anxious to proceed, so you prompt response will be greatly appreciated.

If you have any questions, or if I can be of further assistance, please don't hesitate to contact me.

incerely.

EFFREY D. DEISS

fulti-Family Housing Program Director

. Ittachments:

Standard Form 424

Location map (if available)

Clot

Area Clearinghouse

Judy Twilley, CDM, USDA Rural Development, Moreno Valley, CA

	A A 4. HIVE TO A 1.				ON	/IB Approval No. 0348-0043	
APPLICAT FEDERAL			2. DATE SUBMITTED April 15	5, 2004	Applicant Identifier		
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Application		Preapplication —				Notes that was an experience of the second s	
☐ Construction	١	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier		
☑ Non-Constru		☐ Non-Construction					
5. APPLICANT INF				T			
		Community College Dis	trict	Organizational Unit:	University Center Export Progra		
Address (give city, 550 East Sh Fresno, CA	naw Aver	e, and zip code): nue, Suite 155		application (give are	, Project Director, University C	· ·	
6. EMPLOYER IDI	ENTIFICATION	ON NUMBER (EIN):		7. TYPE OF APPLI	CANT: (enter appropriate letter	in I	
9 4 -	1 5	7 4 8 0 2		A. State B. County	H. Independent School I. State Controlled Inst	Dist. itution of Higher Learning	
8. TYPE OF APPL	ICATION:	100000000000000000000000000000000000000		C. Municipal	J. Private University		
	п	New ⊠ Continuatio	n □ Revision	D. Township E. Interstate	K. Indian Tribe L. Individual		
	ш ·	— 🖂 Continuatio		F. Intermunicipa			
If Revision, enter a	ppropriate let	ter(s) in box(es):		G. Special Distr	ict N. Other (Specify)		
A. Increase Awa	ard	B. Decrease Award C.	Increase Duration				
D. Decrease Du	ıration	Other (specify):		9. NAME OF FEDE	RAL AGENCY:		
					U.S. Department of Com		
10 CATALOG OF	FEDERALI	DOMESTIC ASSISTANCE	NIIMBER:	11 DESCRIPTIVE	Economic Development Adm TITLE OF APPLICANT'S PROJE		
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			3 0 3	University Center Export Program Technical Assistance - University Center Program			
TITLE: Econor	mic Develop	oment - Technical Assis	tance				
12. AREAS AFFECT	ED BY PROJE	CT (cities, counties, states, e	tc.):				
		ee Attached Page		<u></u>		MPRAL	
13. PROPOSED P	1		SIONAL DISTRICTS O				
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				17. IS THE AF	PPLICANT DELINQUENT ON AN	Y FEDERAL DEBT?	
g. TOTAL		\$	150,000.0	0 Yes	If "Yes," attach an explanation	No 🖾 No	
	HORIZED BY				PLICATION ARE TRUE AND COP T WILL COMPLY WITH THE ATT		
a. Typed Name of		•	b. Title			c. Telephone number	
	Dougla	as Brinkley	V	ice Chancellor	Finance & Admin.	(559) 244-5910	
d. Signature of Aut	horized Repr	resentative				e. Date Signed	

					Version 7/03
PLICATION FOR DERAL ASSISTANCE		2. DATE SUBMITTED 4/22/2004		Applicant Identif	
YPE OF SUBMISSION:	T	3. DATE RECEIVED BY	STATE	State Application	n Identifier
pplication	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifie	er
Construction	Construction	d. DATE KNOWN			
Non-Construction APPLICANT INFORMATION	Non-Construction				
pal Name:			Organizational Unit		
cramento County Sheriff's D	epartment		Information Services	Bureau	
ganizational DUNS:			Division: Technical Services		to be contacted on matters
-024-2319 idress:			Name and telephor involving this appli	e number of per cation (give area	son to be contacted on matters code)
reel:			Prefix:	First Name: Jennifer	
11 G Street Room 211			Ms. Middle Name	delimer	
ity: acramento			Jeannine Last Name		
ounty: acramento			Griffin		
tate: California	Zip Code		Suffix: N/A		
	95814		Email: jgriffin@sacsheriff.e	com	
ountry: Inited States of America . EMPLOYER IDENTIFICAT	ION NUMBER (EIN):		Phone Number (give	area code)	Fax Number (give area code)
			916-874-1625		916-874-8539
94-600052 TYPE OF APPLICATION:	2		7. TYPE OF APPL	CANT: (See bac	k of form for Application Types)
17. S	lew Continuati	ion Frevision	B. County		
Revision, enter appropriate See back of form for descript	letter(s) in box(es)		Other (specify)		
See back of form for descript		, LI	9. NAME OF FEDI	RAL AGENCY:	Administration
Other (specify)			National Telecomo	nunications and ir	oformation Administration
IO. CATALOG OF FEDERA	L DOMESTIC ASSISTA	11-552	Field-Into Delivery	Project - The visi	on for this project is to enhance the mation available to them in the fiel
TITLE (blome of Brogram)		11-5195	ability of officers to This project will m	o have timely into ake all the applica	ations that are currently available o
TITLE (Name of Program): Technology Opportunities P	rogram	tion States etc.):	the departments r	etwork and intern	6(St file 210 note or aurage of
12. AREAS AFFECTED BY	PROJECT (Cities, Court	Folsom			
Sacramento County, Elk Gro		1 0/30/11	14. CONGRESSI	ONAL DISTRICTS	5 OF; b. Project
13, PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant Congressional Dis	strict 5	Congressional District 5
November 2004					
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APPLICATION FOR FEDERAL ASSISTANCE				NCE 1. TYPE OF SUBMISSION:			
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04/23/04 2b. APPLICATION ID:	4. DATE REC	FIVED:		GRANT NUMBER;			
045V044330	04/23/04						
5. APPLICATION INFORMATION	1						
LEGAL NAME: Colifornia State University, Fulls	ertan Paundation		PERSON TO BE Bree codes);	NTACT INFORMATION FOR PROJECT DIRECTOR OR C CONTACTED ON MATTERS INVOLVING THIS APPLICA			
ADDRESS (give street address, city, state an 2600 B, Nutwood Avo., Suite 275	d zip code);		TELEPHONE N	Λπθακ JMBER: 714-278-4686			
Fullerton CA 92831			FAX NUMBER:	714-278-7290 AL ADDRESS: pabbott@fillemon.cdu			
6. EMPLOYER IDENTIFICATION NUMBER (≣IM):		7. TYPE OF APP	PLICANT:			
952081258			7a. Higher Educ	ntion Organization - State Controlled			
			7b. 4-yenr college				
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REVISION	ı —			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Parties basely		
If Revision, emer appropriate letter(s) in box(s	93):	-		APR 2 3 2	2004		
A. Increase Award B. Decrease Award	d C. Incres	see Duration					
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			9. NAME OF PE	DERAL AGENCY:	HUUDEH		
				tion for National and Community Se	ervice		
10a, CATALOG OF FEDERAL DOMESTIC AS 10b. TITLE: Homeland Security Special Volum		9ER: 94,002	1	/E TITLE OF APPLICANTS PROJECT: Older Volunteer Training Program			
12. AREAS AFFECTED BY PROJECT (List Of North Orange County, California	tles. Countles, St	ales, etc):					
13, PROPOSED PROJECT: START DATE: 12	/01/04 ENI	D DATE: 11/30/07	14. PERFORMA	NCE PERIOD: START DATE: END DATE:	111		
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c, STATE	\$ 0.0		DATE:	23~APR-04			
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				TION ARE TRUE AND CORRECT, THE DOCUMENT HAS OMPLY WITH THE ATTACHED ASSURANCES IF THE A			
B. TYPED NAME OF AUTHORIZED REPRESI	ENTATIVE:	b. TILE:		c. TELEPHONE NUMBER:	- 1 - 1		
Linda W. Patton		OGC Director		714-278-2106			
•			- •	d. DATE:			
				04/23/04			

PPLICATION FOR				Applicant Identi	Version 7/03
EDERAL ASSISTANCE		2. DATE SUBMITTED	04/23/2004		
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application	on Identifier
upplication	Pre-application	4 DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifi	er
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rganizational DUNS:	Of Fred in		Division:		
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treet: P.O. Box 12366	ID & (B E I V IS	lundaring this applica	cou (Bian auss	code)
166. P.U. BUX 12300	110)		Prierito: Mr.	First Name:	esus
tty:	- Hall	IPR 2 3 2004	Middle Name:		
Fresno		IPR 23 2004	Last Name:		
ounty: Fresno				ron	
tate:	Zip Code:	ENRING HO	(Jeurod		
CA country:	1 PSTATE	EARING HO			zom net
-			Phone Number (give a	spadron@net	Fax Number (give area code):
EMPLOYER DENTIFICATI			_		559 - 442 - 3068
91-2153088			559 - 442 - 0122	AMT: (See back)	of form for Application Types)
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See васк оттоли (UI оезыфи			Other (specify)		
other (specify)			9. NAME OF FEDER	AL AGENCY:	ormation Administration
O, CATALOG OF FEDERAL	DOMESTIC AGGISTANC	'E MINRER'	11. DESCRIPTIVE TI	TLE OF APPLIC	ANT'S PROJECT:
0, CATALOG OF FEDERAL	DOMESTIC ASSISTANT				's Food Distribution in the
TTLE (Name of Program): Te	chnology Opportunities Pi	111-552 rogram	Central Valley of	California	
•			<u>'</u>		
2. AREAS AFFECTED BY P	ROJECT (Cities, Countle	s, States, etc.):			
Central California, Stock	CION, MODIESIO, MICIC	au, Madera, i Testio,	14. CONGRESSION	M DISTRICTS O)F:
is. PROPOSED PROJECT Start Date:	End Date:		a. Applicant:		b. Project 3,18,19,20,21,22,
10/01 <i>[</i> 2004	09/30	0/2007	21	QUE IECT TO	REVIEW BY STATE EXECUTIVE
6. ESTIMATED FUNDING:				m 17 10 10 10 10	
a. Federal	8	538,900 ,00	a. Yes. THIS PR	EAPPLICATION	APPLICATION WAS MADE THE EXECUTIVE ORDER 12372
	-	-		S FOR REVEW	
o. Applicant		424,315 ^{.00}	DATE:	04/20/2004	
s. State	 	0.00	_ PROGRA	AM IS NOT COV	ERED BY E. O. 12372
1. Local	\$	0 -00	[D. NO. L.		T BEEN SELECTED BY STATE
				VIEW	I BEEN SELECITORI SIMIL
e. Other	S	137,000 -00		ATT DEL MONICI	NT ON ANY FEDERAL DEBT?
f. Program Income	5	0 -00	17, IS THE APPLICA	(W) DEFINGOR	N) OR ANY PEDELOIL DEBT:
g, TOTAL	5	1,100,215 .00	☐ Yes If "Yes" attac		
18 TO THE REST OF MY KI	NOWLEDGE AND BELIE		PPLICATION/PREAPPL	CATION ARE	TURE AND CORRECT. THE ANT WILL COMPLY WITH THE
DOCUMENT HAS BEEN DU ATTACHED ASSURANCES	I A VILLHUMINFIN HA 16	IE GOVERNING DODI O	F THE APPLICANT AN	ID THE APPLICA	ANT WILL COMPLY WITH THE
a. Authorized Representative	First Name		Mid	die Name	
Prefix Mr.	Jesus		0.8	H ₂	
Last Name Padron			Suff		
h Tille			c. T	elephone Numb 59 - 442 - 01	er (give area code) 22
Executive Di d. Signature of Authorized Re	rector			late Signed	
O. SEMBERS OF VOLUMENTS RE	alm cocumanna				Standard Form 424 (Rev.9-200

Previous Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular 1-102

APPLICATION FOR F	EDERAL ASSISTAN	ICE	1. TYPE OF SUBMISS	ION:	
2a, DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/23/04	3. DATE RECEIVED BY STATE:		STATE APPLICATION IDENTIFIER:		
2b. APPLICATION ID:	4. DATE RECEIVED:		GRANT NUMBER:		
04SV044048	04/23/04				
5. APPLICATION INFORMATION		.,			
LEGAL NAME: Imperial Valley Regional Occu	oational Program	PERSON TO BE area codes):	CONTACTED ON MATT	OR PROJECT DIRECTOR OR OTHER ERS INVOLVING THIS APPLICATION (give	
ADDRESS (give street address, city, state 2 687 State Street EI Centro CA 92243 - 2943 6. EMPLOYER IDENTIFICATION NUMBER 912133310 8. TYPE OF APPLICATION: X NEW CONT REVISION If Revision, enter appropriate letter(e) in box A, Increase Award B, Decrease Award D. Decrease Duration	APR 2 3 2004 [ATE CLEARING HOUS INVATION (98):	FAX NUMBER: NTERNET E-M 7, TYPE OF APF 7a. State Educate -7b. Local Educate -7b. Local Educate	JMBER: 760-482-2666 or 760-482-2751 AL ADDRESS: Jisalisa@i PLICANT; ion Agency Jon Agency	vrop.org	
				al and Community Service	
10a. CATALOG OF FEDERAL DOMESTIC A 10b. TITLE: Homeland Security Special Vo		AYUDA 55	VE TITLE OF APPLICANT	13 PROJECT.	
12. AREAS AFFECTED BY PROJECT (List Cities of Brawley, Calexico and El Centro, C					
13. PROPOSED PROJECT; START DATE:	10/01/04 END DATE: 09/30/07	14. PERFORMA	NCE PERIOD: START D	ATE; END DATE:	
15. ESTIMATED FUNDING:				IEW BY STATE EXECUTIVE	
e. FEDERAL	\$ 189,255,00	ORDER 12372 F			
b. APPLICANT	\$ 46,770.00	TO TH	HE STATE EXECUTIVE O	LICATION WAS MADE AVAILABLE IRDER 12372 PROCESS FOR	
c. STATE	\$ 7,621.00	1	EW ON: :: 23-A.P.R-04		
d. LOCAL	\$ 39,149.00				
e. OTHER	0.00		44, 44,		
1. PROGRAM INCOME	\$ 0,00			ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 236,025.00	'	'ES if "Yes." attach an	explanation. X NO	
18, TO THE BEST OF MY KNOWLEDGE AIDULY AUTHORIZED BY THE GOVERNING IS AWARDED.	ND BELIEF, ALL DATA IN THIS APPLICA B BODY OF THE APPLICANT AND THE A	TION/PREAPPLICAPPLICAPPLICANT WILL	ATION ARE TRUE AND COMPLY WITH THE ATT	CORRECT, THE DOCUMENT HAS BEEN ACHED ASSURANCES IF THE ASSISTANCE	
a. TYPED NAME OF AUTHORIZED REPRI	SENTATIVE: b. TITLE:			c, TELEPHONE NUMBER:	
Магу Н. Сапасно	Superintendent			760-482-2666 or 2644	
hann. C	andro			d. DATE: 04/23/04	

OMB Approval No. 0348-0043

PPLICATION FOR FEDERAL ASSISTANCE	2. Date Submitted	Applicant Identifier
Type of Submission:	3. Date Rec'd by State	State Application Identifier
pplication Preapplication		
Construction Construction	4. Date Rec'd by Federal	Federal Identifier
X Nonconstruction Nonconstruction		L 00941104
Applicant Information:	V Organizational Unit:	
egal Name and Address:	Division of Water Quality	1
give city, county, state, and zip code)	Name and telephone of person to be co	ontacted on matters
State Water Resources Control Board	involving this application (give area co	ode):
1001 I Street, Sacramento County 23	2 Elizabeth Haven	
Sacramento, California 95814	(916) 341-5752	
Employer Identification Number (EIN) TAGE 028 1986	7. Type of Applicant: (enter appropria	ate letter)A andent School District
- The state of the		stitute of Higher Learning
DUNS Number: 808321913		University
. Type of Application:		
New X Revision Continuation	D. Township	
f Revision, enter appropriate letter(s): _A	E. Interstate L. Individ	Organization
A. Increase Award B. Decrease Award	,	-
C. Increase Duration D. Decrease Duration	G. Special District N. Other	(specify)
Other (specify)	O Niema of Poderni Agonovii	
	9. Name of Federal Agency: U. S. Environmental Pro	ntection Agency
0. Catalog of Federal Domestic Assistance Number	U. S. Environmental Fit	Siconon rigency
66,804	11. Descriptive Title of Applicant's P	roiect
Fitle: State and Tribal Underground Storage Tanks	11. Descriptive Title of Applicants I	, oj 00ti
Program	Develop and implement regulatory pro	ograms for the prevention.
	detection, and correction of releases f	rom UST systems containing
12. Area Affected by Project:	petroleum or hazardous substances re	gulated under the Resource
(cities, counties, states, etc.) California	Conservation and Recovery Act (RCF	RA) Subtitle I.
13. Proposed Project:	Constitution and recovery rist (res	,
Start Date End Date	14. Congressional District of:	
7/1/03 6/30/04	Applicant: Project:	
	3 California	
15. ESTIMATED FUNDING:	16. Is the application subject to revie	
	Executive Order (EO) 12372 process	r/preapplication was made
a. Federal \$212,014	a. YES: _X_ This application available to the State E	O 12372 process for
b. Applicant \$0		○ 120/2 process to:
c. State \$72,501	review on: Date:	April 23, 2004
	Date.	
d. Local	b NO: Program is not	covered by EO # 12372
e. Other		covered by EO # 12372
d. Local	Program has no	ot been selected by the
e. Other f. Program Income \$0 \$0	Program has no state for review	ot been selected by the
e. Other	Program has no state for review 17. Is the applicant delinquent on an	ot been selected by the y Federal debt?
e. Other \$0 f. Program Income \$0 g. TOTAL \$284,515	Program has no state for review 17. Is the applicant delinquent on an YES, attach explanation	ot been selected by the Y Ty Federal debt? XNO
e. Other f. Program Income g. TOTAL \$284,515	Program has no state for review 17. Is the applicant delinquent on an YES, attach explanation	or been selected by the You ye Federal debt? XNO PPLICATION ARE
e. Other f. Program Income g. TOTAL \$284,515 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, A	Program has no state for review 17. Is the applicant delinquent on an YES, attach explanation LL DATA IN THIS APPLICATION/PREALY AUTHORIZED BY THE GOVERNING	ot been selected by the The selected by the s
e. Other f. Program Income g. TOTAL \$284,515 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, A	Program has no state for review 17. Is the applicant delinquent on an YES, attach explanation LL DATA IN THIS APPLICATION/PREALY AUTHORIZED BY THE GOVERNING	of been selected by the The selected by the s
e. Other f. Program Income g. TOTAL \$284,515 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, A TRUE AND CORRECT, THE DOCUMENT HAS BEEN DUI APPLICANT, AND THE APPLICANT WILL COMPLY WIT	Program has no state for review 17. Is the applicant delinquent on an YES, attach explanation LL DATA IN THIS APPLICATION/PREALY AUTHORIZED BY THE GOVERNING	or been selected by the The selected by the selected by the The selected by the selected by the The selected by the sel
e. Other f. Program Income g. TOTAL \$284,515 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, A TRUE AND CORRECT, THE DOCUMENT HAS BEEN DUI APPLICANT, AND THE APPLICANT WILL COMPLY WIT IS AWARDED.	Program has no state for review 17. Is the applicant delinquent on an YES, attach explanation LL DATA IN THIS APPLICATION/PREALY AUTHORIZED BY THE GOVERNING	ot been selected by the The selected by the s
e. Other f. Program Income g. TOTAL \$284,515 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, A TRUE AND CORRECT, THE DOCUMENT HAS BEEN DUI APPLICANT, AND THE APPLICANT WILL COMPLY WIT IS AWARDED. a. Typed Name of Authorized Representative	Program has no state for review 17. Is the applicant delinquent on an YES, attach explanation LL DATA IN THIS APPLICATION/PREALY AUTHORIZED BY THE GOVERNING THE THE ATTACHED ASSURANCES IF T	or been selected by the The selected by the selected by the The selected by the selected by the The selected by the sel
e. Other f. Program Income g. TOTAL \$284,515 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, A TRUE AND CORRECT, THE DOCUMENT HAS BEEN DUI APPLICANT, AND THE APPLICANT WILL COMPLY WIT IS AWARDED.	Program has no state for review 17. Is the applicant delinquent on an YES, attach explanation LL DATA IN THIS APPLICATION/PREALY AUTHORIZED BY THE GOVERNING THE THE ATTACHED ASSURANCES IF To b. Title:	c. Telephone Number (916) 341-5615
e. Other f. Program Income g. TOTAL \$284,515 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, A TRUE AND CORRECT, THE DOCUMENT HAS BEEN DUI APPLICANT, AND THE APPLICANT WILL COMPLY WIT IS AWARDED. a. Typed Name of Authorized Representative	Program has no state for review 17. Is the applicant delinquent on an YES, attach explanation LL DATA IN THIS APPLICATION/PREALY AUTHORIZED BY THE GOVERNING THE THE ATTACHED ASSURANCES IF To b. Title:	to been selected by the Ty Federal debt? X NO IPPLICATION ARE G BOARD OF THE HE ASSISTANCE C. Telephone Number

ADD 22	'04 06:59AM AQMI	D ETNONG		,		P.1		
APR 23 APPLICATION FOI FEDERAL ASSIST	R	↑ □ ETIAHIAC	· L		2. DATE SUBMITT" DUNS No. 4/22/2004 02598615			
TYPE OF SUBMISSIO Application	ON	Preapplicade	on		3. DATE RECEIVED BY STATE	State Application Identifier		
☐ Construction √ Non-Construction		☐ Construct☐ Non-Cons		·	4, DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFORM	MATION							
Legal Name:	AIR QUALITY MAN	AGEMEN	T DISTRICT		Organizational Unit:			
Address (give city, county 21865 COPLEY DIAMOND BAR	DRIVE				Name and telephone number of the person to be co this application (give area code) Mary Leonard (909) 396-2780	ntacted on marters involving		
6. EMPLOYER IDENTIFICATION (BIN) 953099419 EGEVE				7. TYPE OF APPLICANT: (enter appropriate letter here) N A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): Regional Agency				
8. TYPE OF APPLICATION: V New Continuation STATE CLEARING HOUSE If Revision, enter appropriate letter(s) in box(cs): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:				9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Ag				
TITLE: Surv	ERAL ANCE NUMBER: 66,034 Veys, Studies Investigations, Del de Clean Air Act	monstrations as	nd Special Purpose A	ctivities	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT; § 103 Clean School Bus USA			
12. AREAS AFFECTED	BY PROJECT (cities, counties	s, states, etc.):		į				
	оп-desert areas of Los e, and San Bernardino							
13. PROPOSED PROJECT:		1	4. CONGRESSION	AL				
Start Date	End Date	a	. Applicant: 24-4	8	b. Project: 24-48			
6/2004	6/2006							
15. Estimated Punding:					16. IS APPLICATION SUBJECT TO RE EXECUTIVE ORDER 12372 PROCE	SS7 PPLICATION WAS MADE CUTIVE ORDER 12372 BY E.O. 12372		
a. Federal		S		495,000				
b. Applicant		S		255,000	\$245K for school buses (Rubject to Board approva	l) and \$10K Admin Expense		
c. State		\$		0				
d. Local		\$						
o, Other		\$						
f. Program Income S				17. IS THE APPLICANT DELINQUENT ON Al Yes If "Yes" strach an explanation.	NY FEDBRAL DEBT 7 √ No			
g. TOTAL		<u> </u>		750,000				
18. TO THE BEST OF MY THE GOVERNING BO	' KNOWLEDGE AND BELIEF. AL DDY OF THE APPLICANT AND TH	L DATA IN THI	8 application/prea Will comply with	THE ATTAC	N ARE TRUE AND CORRECT, THE DOCUMENT HAS B HED ASSURANCES IF THE ASSISTANCE IS AWARDS	EEN DULY AUTHORIZED BY D.		
a. Typed Name of Autho	rized Representative. Barry	R. Waller	stein, D.Env.		b. Title:Executive Officer	c. Telephone No. (909) 396-2100		
d. Signature of Authorize	ed Representative		0			e. Date Signed		
Previous Editions Not Usable			UTHORIZED FOR	LOCAL R	EPRODUCTION	Standard Form 424A (R Preschool by OMFI Circu		

APPLICATION FOR FI	EDEDAL ASSIST	TANCE	1. TYPE OF SUBMISSION:		
APPLICATION FOR FI	EDERAL ASSIST	IANCE	NOn-Construction		
23. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STAT	TE:	STATE APPLICATION IDENTIFIER;		
04/13/04 2b. APPLICATION ID;	4. DATE RECEIVED:		GRANT NUMBER:		
04\$F043626	04/13/04		.03SFPCA011		
5. APPLICATION INFORMATION	04/15/04		.0321 04011		
LEGAL NAME: Mills-Peninsula Senior Focus			ONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give		
ADDRESS (give street address, city, state and 100 S Sau Mateu Dr San Mateo CA 94401	1	FAX NUMBER	NUMBER: 6506964295 : 6506964179 MAIL ADDRESS: சுமர்ப்டுச்பtterhealth.org		
6. EMPLOYER IDENTIFICATION NUMBER (F	7/A);	7. TYPE OF A			
942663918 8. TYPE OF APPLICATION: NEW REVISION If Revision, enter appropriate letter(s) in box(e A. Increase Award B. Decrease Award D. Decrease Duration	s):		APR 2 2 2004 STATE CLEARING HOUSE		
10a. CATALOG OF FEDERAL DOMESTIC AS: 10b. TITLE: Foster Grandparent Program 12. AREAS AFFECTED BY PROJECT (List C) San Maico County, Callibraia	100 1 0 00000	11. DESCRIP	Tation for National and Community Service TIVE TITLE OF APPLICANTS PROJECT: County FGP		
A PROPOSED PROJECT ON THE STATE OF	TAID DATE ASSOCIA	44 BEDEODA	MANCE PERIOD: START DATE: END DATE:		
13. PROPOSED PROJECT: START DATE: 07	/01/03 END DATE: 06/30/				
15. ESTIMATED FUNDING:	\$ 57,579.00	ORDER 1237	CATION SUBJECT TO REVIEW BY STATE EXECUTIVE 2 PROCESS? IS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE		
b. APPLICANT c. STATE	\$ 44,839.00 \$ 0,00	RE'	TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 21-APR-04		
d. LOCAL	\$ 0,00				
e. OTHER	\$ 44,839,00				
1. PROGRAM INCOME	\$ 0.00	17. IS THE AF	PLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$ 102,418.00		YES if 'Yes," attach an explanation. X NO		
			CATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN LOOMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE		
a, TYPED NAME OF AUTHORIZED REPRES	ENTATIVE: b. TITLE:		c. TELEPHONE NUMBER:		
Maureen Dunn	Executive	Director	(650) 696-3643		
			d. DATE:		
			04/13/04		

APPLICATION FOR F			Non-Construction
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIV	VED BY STATE:	STATE APPLICATION IDENTIFIER:
2b. APPLICATION ID:	4. DATE RECEN	VED:	: GRANT NUMBER:
04SC043611	04/13/04		035CPCA009
5. APPLICATION INFORMATION			
LEGAL NAME: Mills-Peninsula Senior Focus		PERSON area cod	
ADDRESS (give street address, city, state an	d др cade):		Ооппа Сапрі
100 S San Mateo Dr San Mateo CA 94401		FAX NU	DNE NUMBER: 6306964295 (BER: 6506964179
		INTERN	ET E-MAIL ADDRESS; campid@sutterhealth.org
6. EMPLOYER IDENTIFICATION NUMBER (A 9426639)8	EIN):	7a. Non	
8. TYPE OF APPLICATION:		7b. Com	munity-Based Organization
J=	NUATION	•	APR 2 2 2804
REVISION If Revision, enter appropriate letter(s) in box(s	(د⊭		See 1994 A 1994 (Mar John J. W. L. L. J. A. J. L. J.
A. Increase Award B. Decrease Award	d C. Increase	Duration	STATE OLEAFING HOUSE
D. Decrease Duration			of FEDERAL AGENCY: poration for National and Community Service
10a. CATALOG OF FEDERAL DOMESTIC AS 10b. TITLE: Senior Companion Program	SSISTANCE NUMBE		CRIPTIVE TITLE OF APPLICANT'S PROJECT: Moteo County SCP
12. AREAS AFFECTED BY PROJECT (List C San Mateo County	Dilies, Counties, State	os, o(c);	
13, PROPOSED PROJECT: START DATE: 0	7/01/03 END	DATE: 06/30/06 14, PER	FORMANCE PERIOD; START DATE; END DATE;
15. ESTIMATED FUNDING:		18 18 4	PPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
a. FEDERAL	\$ 0.00	ORDER	12372 PROCESS?
b. APPLICANT	\$ 64,248.00	X YES	I, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
c. STATE	\$ 0.00		DATE: 21-APR-04
d. LOCAL	\$ 0.00		
e. OTHER	\$ 64,248.00		
f. PROGRAM INCOME	\$ 0,00	17, I\$ TI	HE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 64,248.00		YES If "Yes," attach an explanation. X NO
18. TO THE BEST OF MY KNOWLEDGE AND DULY AUTHORIZED BY THE GOVERNING IS AWARDED.	D BELIEF, ALL DAT BODY OF THE APP	A IN THIS APPLICATION/PREA	PPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE
a, TYPED NAME OF AUTHORIZED REPRES	SENTATIVE:	b. ከኪደ:	c. TELEPHONE NUMBER:
		7	(640) (0)(2642
Maureen Dunn		Executive Director	(650) 696-3643

P	AR	ГΙ	_	FA	CES	SHE	ET
---	----	----	---	----	-----	-----	----

APPLICATION FOR F	EDERAL ASSISTA	NCE	1. TYPE OF SUBMISSION: Application Non-Cons	arruction
2. DATE SUBMITTED TO CORPORATION FOR NATIONAL SERVICE (CNS);	3, n, DATE RECEIVED BY STATE;		3.6. STATE APPLICATION ID	ENTIFIER:
04-20-04	4. a. DATE RECEIVED BY CNS:		4,b. CNS GRANT NUMBER:	
S. APPLICANT INFORMATION				
LEGAL NAME: Sucramento County Sheriff	's Citizen Corps Council	NAME AND RERSON TO oreg ordes)	CONTACT INFORMATION BE CONTACTED ON MAITTE	FOR PROJECT DIRECTOR OR OTHER ERS INVOLVING THIS APPLICATION (give
ORGANIZATIONA <u>L UNIT:</u> ADDRESS (give sireel address, city, county, state t	and zip code).	3 19 to 10 1	ıl Tassone	
9520 Bond Road		1	ENUMBER: (916) 875 - 0	404
Elk Grove, California 95624			ER: (916) 875 - 0032	
County of Sacramento		1	E-MAIL ADDRESS: DESSONE	@cacchariff com
6. EMPLOYER IDENTIFICATION NUMBER (E.	'N):		APPLICANT: (enter appropriate	letter in box)
	4			N
8. TYPE OF APPLICATION (Check appropriate b XNEW CONTINUATION REVISION If Revision, enter appropriate letter(s) in box(cs):	ox):		y f State Con ipal J Private U thip K Indian Tr ato L Individue unicipal M Profit Org	ibc I
A. Increase Award D. Decrease Duration E. Other (spec		Corp	· ·	nal Service
FGP: 94.011 SCP: 94.016 Senior Demonstration: 04.015 AREAS AFFECTED BY PROJECT (List Ci County Of Sacramento, Elk Grove, Fol Heights		Citizen (Corps Council Homela	nd Security Project
13. PROPOSED PROJECT: START DATE:	07-01-04	, E	ND DATE: 06-30-05	
14. ESTIMATED FUNDING:			S APPLICATION SUBJECT TO I PROCESS?	REVIEW BY STATE EXECUTIVE
a. FEDERAL \$	230,000.		ES. THIS PREAPPLICATION/A	PPLICATION WAS MADE AVAILABLE VE ORDER 12372 PROCESS FOR
c. STATE	0		DATE _04-22-04	·
d. LOCAL SPR 2	2 2004	, N	PPR	OVERED BY E O 12372 NOT BEEN SELECTED BY STATE FOR
c. OTHER STATE CLEA	RING HOUSE . 0	-	THE APPLICANT DELINOUEN	IT ON ANY FEDERAL DERT?
f. TOTAL \$	230,000.		YES If "Yes." attach un exp	
17. TO THE BEST OF MY KNOWLEDGE AND AUTHORIZED BY THE GOVERNING BODY OF 1	BELIEF, ALL DATA IN THIS APPLICANT THE APPLICANT AND THE APPLICANT	CATION/PREAP WILL COMPL	PLICATION ARE TRUE AND C	ORRECT, THE DOCUMENT HAS BEEN DULY ANCES IF THE ASSISTANCE IS AWARDED.
n, TYPED NAME OF AUTHORIZED REPRESE Licutenant Paul Tassone	·- !	ı Comman	def	o, TELEPHONE NUMBER: 916-875-0404
d, SIGNATURE OF AUTHORIZED REPRESEN	TATIVE:			c. DATE SIGNED: 04-22-04

ART I - FACESHEET	EDDD AT ACCIO	TANCE	1. TYPE OF SUBMISSION:	5 Expiration Date 3/31/05
PPLICATION FOR F	EDERAL ASSIS	TANCE.	Application Non-Construction	
DATE SUBMITTED TO CORPORATION FOR ATIONAL AND COMMUNITY SERVICE	3. a. DATE RECEIVED BY STA	TE:	3.b. STATE APPLICATION IDENTIFY	ER:
NCS): /22/04	4. a. DATE RECEIVED BY CNC	S:	4.b. CNCS GRANT NUMBER:	
TO THE PROPERTY OF THE PARTY OF				
APPLICANT INFORMATION EGAL NAME: County of Los Angeles		NAME ANI TO BE CON	O CONTACT INFORMATION FOR PROTACTED ON MATTERS INVOLVING T	DIECT DIRECTOR OR OTHER PERSO HIS APPLICATION (give area codes):
RGANIZATIONAL UNIT: Los Angeles Coun	ty Sheriff's Department			
DDRESS (give street address, city, county, state ar	nd zip code):		ichelle Day	- 0
700 Ramona Boulevard, Mo	nterey Park	TELEPHON	TE NUMBER: (323) 526 - 52	12
Los Angeles County		FAX NUME	BER: (323) 415 - 1388	
California 91754		INTERNET	E-MAIL ADDRESS: grants@lasc	l.org
	TND	7.a.	TYPE OF APPLICANT: (enter appropriate	letter in box)
EMPLOYER IDENTIFICATION NUMBER (E			H Independent Scho	ol District
95-600092	7	A. State B. Cour	nty L State Controlled	Institution of Higher Learning
TYPE OF APPLICATION (Check appropriate b		C. Mun D. Tow	nship K. Indian Tribe	у
NEW ☐ CONTINUATI	ON	E. Inter	state L. Individual M. Profit Organization	on
REVISION		G. Spec	ial District N. Private Non-Profi	t Organization
If Revision, enter appropriate letter(s) in box			r (specify)	S
The intervention is a second s	rease Award: 🗌	7.b.	opriate code in each blank:14	
C. Increase Duration: to			OF FEDERAL AGENCY:	
D. Decrease Duration: to	(enter date)	9. NAME	protion for National at	nd Community Service
E. OTHER (specify):				id Commission
10. CATALOG OF FEDERAL DOMESTIC AS	SSISTANCE NUMBER:	11. a. TITI	E OF APPLICANT'S PROJECT:	Volunteer Effort
9 4 0 0 2			ior Emergency Response	Volumeer Litore
		(S.E.F	(V.E.)	
Name of ProgramSpecial Volunteer Prog	Tam			
Los Angeles County	cities, Countries, others, erecy.	11.b. CNC Sp	CS PROGRAM INITIATIVE (IF AN ecial Volunteer Program Hor	Y) neland Security Initiative
	10/1/04 END DATE: 9		PERFORMANCE PERIOD: Start Da	
13. PROPOSED PROJECT: START DATE:			IS APPLICATION SUBJECT TO REVIE	W BY STATE EXECUTIVE
15. ESTIMATED FUNDING: Check applicable		00	ORDER 12372 PROCESS?	
a. FEDERAL \$	171,021	.00 a.	YES. THIS PREAPPLICATION/APPLIC	ATION WAS MADE AVAILABLE
b. APPLICANT s	103,469	00	TO THE STATE EXECUTIVE OF REVIEW ON:	(DER 123721 ROODESS 2 ox
D. APPLICANT S	C SCHOOLS BOOK STATE		DATE <u>4/22/04</u>	
c. STATE	VII 0	0.00	COVER GOVER	FD BY E.O. 12372
II I describe the second of th	2004		NO. PROGRAM IS NOT COVER	BEEN SELECTED BY STATE FOR
d. LOCAL AFSR 2	2 2004 0	0.00	REVIEW	
e. OTHER \$	RING HOUSE 0	$\frac{17}{17}$	IS THE APPLICANT DELINOUENT ON	ANY FEDERAL DEBT?
f. TOTAL S	274,490		YES If "Yes," attach an expla	nation. NO
		HIS APPLICATION/	PREAPPLICATION ARE TRUE AND CO	RRECT, THE DOCUMENT HAS BEEN!
	AND BELIEF, ALL DATA IN T	TO ART UM I COLO	OLV WITH THE ATTACHED ASSURANCES	IL LUE Veeter of to to to to
18. TO THE BEST OF MY KNOWLEDGE AUTHORIZED BY THE GOVERNING BODY O	ing and an analysis and an ana		LY WITH THE ATTACHED ASSURANCES	TELEPHONE NUMBER:
	ESENTATIVE: b. 1	LICANT WILL COME FITLE: Sheriff	c.	TELEPHONE NUMBER: 323-526-5000 DATE SIGNED: 4-22-04

FEDERAL ASSISTA	ANCE	July 15, 2003	
1. TYPE OF SUBMISSION		3. DATÉ RECEIVED BY STATE	State Application Identifier
Application	Preapplication		A009059.0.L0
□ Construction ■ Non-Construction	. Construction Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: San Diego County Ai	r Pollution Control District	Organizational Unit San Diego County Air Pol	lution Control District
Address (give city, county, state, and 9150 Chesapeake Drive San Diego, Ca. 92128-1096		Native and telephone number of the person to be constituted and telephone number of the person to be constituted and telephone a	1
6. EMPLOYER IDENTIFICATION (E	DUNS: 009581646 Per Ferdinand	PATRICIA SALY - Tcl. No. (858) 650-45	
33 - 0 4 8 8 4		A. State II. Independen	t School District
C. Increase Duration D.	Sion Ox(cs): Decrease Award Decrease Duration	Municipal J. Private Unive	ization
Other Specify:	IMI APR 22	2004	.971
		9. NAME OF FEDERAL AGENCY, US Environm	ental Protection Agency/Region I
0. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBE TITLE:	STATE CLEAF	14 DESCRIPTIVE TITLE OF APPLICANTS PRO County Air Polludon Control Program maintena program and regional cooperative air quality plan	JECT: uce of basic Air Pollution Control
2. AREAS AFFECTED BY PROJECT	(cilies, counties, states, etc.);	implementation of plans for attaining & maintaini standards.	ng national ambient air quality
3. PROPOSED PROJECT:	14. CONCRESSIONAL DISTRICT	On	
Start Date End Da	te a. Applicant:	\$	b. Project
0-01-03 09-30-04	41, 42, & 43		41,42, & 43 (Countywide)
5. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVII	EW BY STATE EXECUTIVE ORDI
	\$ 1,525,237.00	YES, TITS PREAPPLICATION/APPLI	CATION WAS MADE AVAILABLE
Applicant 16,370,89	\$ 15,549,846.00	TO THE STATE EXECUTIVE ORDER ON:	12372 PROCESSES FOR REVIEW
State	\$ 821,000.00	DATE	
Local Other	\$	b. NO.	C.O. 12372
Program Income	3	OR PROGRAM HAS NOT BEEN SE	
TOTAL		17. IS THE APPLICANT DELINQUENT ON ANY	
TO THE BEST OF MY KNO	\$ 17,896,083.00 DWLEDGE AND BELIEF, ALL DATA IN THIS	D Yes If Yes award an explanation. S APPLICATION/PREAPPLICATION ARE TRUE AND CONTROL OF THE AND CONTROL OF	X No
THE ASSISTANCE IS AWA		JCANT AND THE APPLICANT WILL COMPLY WITH TI	HE ATTACHED ASSURANCES IF
Typed Name of Authorized Representati	ve RICHARD J. SMITH	b. Title: Director, APC	c. Telephone Number (858) 650-4503
Signature of Authorized Representative	tame Stly	RECEIVED	c. Date Signed
٠	PATRICIA SALY - Chief, Air Polluti		July 15, 2008 Standard Form 424A (REV)
~P()(w.,	AUTHORIZED FOR	LO DE LEROMA DE LOUIS DE 1003	Prescribed by OMB Circular A-
Cina		The state of the s	
Clearinghouse 6.323 Blog	-	GMO, PMD-7	

Fax:2132525474

OMB No. 3045-0035 Expiration Date 3/31/05

PART I - FACESHEET				0035 Expiration Date 3/31/03		
APPLICATION FOR I	EDERAL ASSISTA	ANCE	1. TYPE OF SUBMISSION: Application Non-Construction			
			3.b. STATE APPLICATION IDENTIFIER:			
2. DATE SUBMITTED TO CORPORATION FO NATIONAL AND COMMUNITY SERVICE	R 3, 5, DATE RECEIVED BY					
(CNC3):	4, 3, DATE RECEIVED BY CNCS:		4.6. CNCS GRANT NUMBER:			
4/22/04						
5. APPLICANT INFORMATION				DE ADOLECT DIRECTOR OR OTHER PERSON		
LEGAL NAME: Housing Authority of the C	ity of Los Angeles	TO BE CONT	CONTACT INFORMATION FO FACTED ON MATTERS INVOLV	OR PROJECT DIRECTOR OR OTHER PERSON VINO THIS APPLICATION (give area codes):		
ORGANIZATIONAL UNIT: Resident Relatio	ns Department	NAME: John	. Gercia			
ADDRESS (give street address, city, county, state	and zip code):		NE NUMBER: (213) 252 - 1	766		
2600 Wilshire Blvd., Third F	loor	FAX NUMI	BER: (213) 252 - 5474			
Los Angeles, CA 90057			E-MAIL ADDRESS: johng@ www.haclaorg)hacla.org		
6, EMPLOYER IDENTIFICATION NUMBER (BIN):	7.a. T	YPE OF APPLICANT: (enter appr	opriate letter in box)		
95-600162		A. State	H. Independer	n School District		
8. TYPE OF APPLICATION (Check appropriate		B. County C. Munic	,	rolled Institution of Higher Learning		
B. TYPE OF APPLICATION (CHECK appropriate		D. Towns E. Interst				
REVISION		F. Interm	unicipal M. Profit Org	anization n-Profit Organization		
If Revision, enter appropriate letter(8) in bo	ox(es):	G. Specia O. Other	(specify)			
A. Increase Award: B. Des	crease Award:	7.b. (CNCS APPLICANT CHARACTE	RISTICS		
C. Increase Duration: to	(enter date)		riate code in cach blank: 17,			
D. Decrease Duration: 🔲 to	(enter date)		F FEDERAL AGENCY:	4) 0		
E, OTHER (specify):		Corpor	ration for Nationa	al and Community Service		
10. CATALOG OF FEDERAL DOMESTIC A	SSISTANCE NUMBER:		OF APPLICANT'S PROJECT:			
9 4 0 0 2				City of Los Angeles		
		Special Volunteer Disaster Initiative				
Name of ProgramSpecial Volunteer ProgramSPECIAL Volunteer ProgramSPECIAL Volunteer ProgramSPECIAL VOLUNTEER PROJECT (List C						
Los Angeles City, Los Angeles City		11.b. CNCS PROGRAM INITIATIVE (IF ANY)				
State of California	.					
13. PROPOSED PROJECT: START DATE:	9/1/04 END DATE: 8/31/0	7 14. PE	RFORMANCE PERIOD: Sta	rt Date 9/1/04 End Date: 8/31/07		
15, ESTIMATED FUNDING: Check applicable	box: Yr I: 🛛 Yr.2: 🔲 or Yr 3: 🗖		APPLICATION SUBJECT TO RE	EVIEW BY STATE EXECUTIVE		
a. FEDERAL S	499,896.00	1	RDER 12372 PROCESS?			
b. APPLICANT	243,899.00	a. YE	ES. THIS PREAPPLICATION/AP TO THE STATE EXECUTIV REVIEW ON:	PLICATION WAS MADE AVAILABLE E ORDER 12372 PROCESSS FOR		
3			DATE 4/21/04			
c. STATE	0.00	b, NO		OVERED BY E.O. 12372		
d. LOCAL §	15,100.00		OR PROGRAM HAS N REVIEW	OT BEEN SELECTED BY STATE FOR		
c, OTHER \$	8,750.00					
f, TOTAL	767,645.00	17. IS	THE APPLICANT DELINOUENT YES: If "Yes," attach an c	_		
3						
18. TO THE BEST OF MY KNOWLEDGE A AUTHORIZED BY THE GOVERNING BODY OF	ND BELIEF, ALL DATA IN THIS APP THE APPLICANT AND THE APPLICANT	LICATION/PRE/ WILL COMPLY	APPLICATION ARE TRUE AND WITH THE ATTACHED ASSURA			
a. TYPED NAME OF AUTHORIZED REPRES	ENTATIVE: b. TITLE:	D	Di	c, TELEPHONE NUMBER:		
Judy Luther	Actin	g Executi	ve Director	(213) 252-1810 c, DATE SIGNED: 4/20/04		
SIGNATURE OF AUTHOMIZED REFRESE	NIATIVE:					
7007						

APPLICATION FOR Applicant Identifier 2. DATE SUBMITTED FEDERAL ASSISTANCE Project ID # 01-2 March 11, 2004 3. DATE RECEIVED BY STATE 1. TYPE OF SUBMISSION: <u>Application</u> Preapplication 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Construction Construction Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: Legal Name: a California Limited Partnership Buttonwood Villa Ltd. Name and telephone number of person to be contacted on matters involving Address (give city, county, State, and zip code): this application *(give area code)*Tina Williams (530) 823-2477 1010 Racquet Club Drive, Suite 103 Auburn CA 95603 7. TYPE OF APPLICANT: (enter appropriate letter in box) 6. EMPLOYER IDENTIFICATION NUMBER (EIN): N 6 8 - 0 3 0 5 4 3 0 A. State H. Independent School Dist. I. State Controlled Institution of Higher Learning B. County 8. TYPE OF APPLICATION: J. Private University C. Municipal Continuation Revision ✓ New K. Indian Tribe D. Township L. Individual F Interstate If Revision, enter appropriate letter(s) in box(es) M. Profit Organization F. Intermunicipal N. Other (Specify) _imited Partnership G. Special District C. Increase Duration B. Decrease Award A. Increase Award D. Decrease Duration Other(specify): 9 NAME OF FEDERAL AGENCY: Subsequent Loan USDA - Rural Development 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 4 1 5 1 0 Vintage West Apartments Improvements of existing 55 units (FmHA 515) TITLE: RRH-515 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Buttonwood, Merced County, California 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: b. Project Ending Date a. Applicant Start Date 14 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 15. ESTIMATED FUNDING: **ORDER 12372 PROCESS?** a Federal 728,700 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 b. Applicant PROCESS FOR REVIEW ON: APR 2 1 2004 c. State DATE _____ d. Local STATE CLEARING HOUSE b. No. 🔲 PROGRAM IS NOT COVERED BY E. O. 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE e. Other FOR REVIEW f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes," attach an explanation. No 728.700 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. c. Telephone Number a. Type Name of Authorized Representative (530) 823-5206 Co-General Partner John P. Casper e. Date Signed d. Signature of Authorized Representative

Previous Edition Usable

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Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

APPLICATION	FOR		2. DATE SUBMITTED	Applicant Identifier			
FEDERAL ASS	SISTANCE						
1 TYPE OF SUBMISSION			3. DATE RECEIVED BY STATE	State Application Identifier			
Application		Preapplication G Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier			
Construction Non-Construction		Non-Construction					
5. APPLICANT INFORMA	TON DUNS #	078781416					
		ty Management District					
	alc. and zip code): is Street ncisco, CA	94109	Name and telephone number of the person to be of application (give area code) Peter Hess & Ronald Raimondi, Financ	. DAFCO (113)			
6. EMPLOYER IDENTIFIC 9 4-1 6	EATION (EIN): 2 2 7 4 6		B. County I. State Cor C. Municipal J. Private U D. Township K. Indian T F. Interstate L. Individus	leaf School District trolled Institution of Higher Learning niversity ribe al			
If Revision, enter appropriat	stimuation © Revision e letter(s) in box(es): (ard B. Decresse A	\wind	F. Internamicipal M. Profit C G. Special District N. Other (S				
C. Increase Dur Other Specify:	ation D. Decrease	Duration	9. NAME OF FEDERAL AGENCY:				
			Environmental Protecti	on Agency			
			11. DESCRIPTIVE TITLE OF APPLICANT'S				
10. CATALOG OF FEDER DOMESTIC ASSISTAN	IAL ICE NUMBER: <u>6</u> 6	.0_3_4	Additional funding to support the District air monitoring of toxic trends in San Jose				
Contro Costa	Marin, Napa	ounties, states, etc.): Alameda, , San Francisco, San parts of Solano, and	California \$ 122,000.00				
Sonoma		14. CONGRESSIONAL DISTRICT OF:					
13. PROPOSED PROJECT				b. Project 04-13			
Start Date 7/25/04	End Date 7/25/05	a. Applicant:	02				
15. Estimated Funding:			16. IS APPLICATION SUBJECT TO R 12372 PROCESS?	EVIEW BY STATE EXECUTIVE ORDE			
a. Foderal		122,000.00	YES. THIS PREAPPLICATION/A TO THE STATE EXECUTIVE OR	PPLICATION WAS MADE AVAILABLE DER 12372 PROCESSES FOR REVIEW			
b. Applicant	The state of the s	GED \	ON:	•			
c. State	TECH	MIL	DATE 4/20/04				
d. Local		2004	b. NO. □ PROGRAM IS NOT COVERED	BY E.O. 12372			
e. Other	Ari	FARING HOUSE 122,000,000	OR PROGRAM HAS NOT BEE	N SELECTED BY STATE FOR REVIEW			
f. Program lacome	- TATEC	FARING	17. IS THE APPLICANT DELINQUENT ON				
g. TOTAL			O Yes If "Yea" attach an explanation.	XR No			
BEEN DULY	T OF MY KNOWLED AUTHORIZED BY T ANCE IS AWARDED.	HE GOVERNING BODY OF THE APPLIC.	LPPLICATION/PREAPPLICATION ARE TRUE AN ANT AND THE APPLICANT WILL COMPLY WIT	D CORRECT, THE DOCUMENT HAS H THE ATTACHED ASSURANCES IF			
a. Typed Name of Author	ized Representative.	F. HESS	b. Title: DEPUTY Executive Officer/AI	c. Telephone Number (415) 749-4970			
d. Signature of Authorize	Regresentative	F. Hess	DACOUCTIO OTTOTAL	c. Date Signed 4-19-4			
1	ms n			Senderd Form 424A (REV 4			

APPLICATION FOR PTFP FUNDS

Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550 For PTFP Use

Check	here if
Revise	d Form

OMB Approval 0660-0003

APPLICATION	ON PART I					Employer			
1. APPLICAI	NT]			ID	# (EIN)	94-6002544		
Legal Name	Monterey County	y Office of Educat	on			DUNS#			•
Organizational Unit	Instructional Res	sources and Tech	nology		Main Station Call				
Mailing Address (line 1)	Post Office Box	80851			Letters	Ra	dio MHz	TV	Channel
Address (line 2 if required)									
City	Salinas			State <u>CA</u>	Cou	unty Monte	erey	Zip <u>93912</u>	-0851
4. Administrati	ve Contact			E-mail mmellon@mo	nterey.k12	2.ca.us			
Mr., Ms.,	Dr. First Name	M. 1.	Last Name		Jr. etc	Position			
Mr.	Michael	<u>R</u>	Mellon			Directo	or, IR&T		
Phone # <u>(831</u>) 755-0383			Fax #	(831)	757-7029			
5. Engineering	Contact								
Full Mr. C	Gerald Zimmer			Engineer — Phone	(831)	755-0389			
Title Engli	neer			E-mail					
DPO IECT IN	NFORMATION	6a. Enter "	Y" if	6b. Old	7. Enter '	"Y" if new		8. Enter	
		Reactiv	vation N	File #	. FCC a are red	uthorization quired	s_ <u>Y</u>	Priority Categor under w	y
, ,	to classify project	(T))/ T	/P\rondoset.c	r (N)onbroadcast N	10.Length		18	you required the app	uest lication
(P)lanning or (C)onstructio	n <u>C</u> (R); or (adio or (T)V T RT) for both	or (BN) for bo	oth 14	Projec month		10	be revie	wed
Enter the popu appropriate col	lation in the NEW tacility; reperture translator.	BROADCAST RE	PLACE or BROADCAST	DIGITAL Conversion of public radio actor TV station	✓ NONBRO	DADCAST	12. Single Congress District of Applicant	ional	<u>cial Applicatio</u>
Population Cur Served by stati		and the second s	Angers Brings		72,993		13. Other Cor	ng. districts served	by
First Service ad NEW proposed	dded by I facility	For Brief Com I	/LV		0		project (e.	g. PA 1-3, NY 4, 5	i-9)
ADDED SERV		APR 2 1			19,625				
		STATE CLEAR	NG HOUSE						
14. ESTIMA	TED FUNDING (w	hole dollars)	15. Is applica	ation subject to review by			16. Is an any Fed	oplicant delinque leral Debt?	ent on
a. Federal Requ	est \$	149,865	YES	This application was mad State EO 12372 process	e available to for review on	tne I	NO		
b. Applicant Sha	are \$	149,867		//	==		Enter Y	 ES or NO attach explanati	on.
c. TOTAL	\$	299,732	_∠ NO	Program is not cove ✓ or Program has not					
d. Fed. % of elig	ible costs	50.00 %		State for review					
17. CERTIFIC	CATION BY AUTI	HORIZED REPRE	SENTATIVE	To the best of my kno	wledge and t	pelief, all dat	a in this applica	ition are true an	d correct.
The document	has been duly authorstance is awarded.	ized by the governing	g board of the	applicant and the applic Phone # (831) 755	ant will con-	nply with th	e attached ass	surances and th	ne PIFP
	First Name	M. I.	Last Name		Jr. etc	Position			
Mr.	Garry	- 2 <u>P</u>	Bousum			Asst. S	upt. Busines	s and Admin	istration Servi
Signature of authorize representative	ed	How			Date signed	3	/30/04		

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APPLICATION FOR PTFP FUNDS PAGE 2

Public Telecommunications Facilities Program NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550

OMB Approval 0660-0003

18. Summary of application (Summarize the The project extends the Monterey B The project will provide high school	av Distance L	earning Net	work (Internet2)	to a rural	high schoo	ol in noi	thern	Monterey 0	County.
urgently for academic and economic when the high school is connected.	c developmen	t. The plan	calls fo	or the wirel	ess conn	ection of the	ree ad	dition	al elementa	ry schools
19. Types of Applicant (Enter appropriate let	ter in box)			20. Stati	on ations	THE	S YEAR		NEXT YEAR FUN	
A. State J. Private University				Oper	alloris	Number	Hrs.	/Wk	Number	Hrs./Wk
B. County K. Indian Tribe C. Municipal L. Individual (NOTE: D. Township M. Non-profit	Not eligible for PTF	P funding)		Full-	Time Staff	2	7	1120	27	1120
E. Interstate O. Other (specify) F. Intermunicipal				Part-	Time Staff		1	30	1	30
G. Special District H. Independent School District I. State Controlled Institute of					Volunteers		0	0	0	0
Higher learning A				Operati	ing Budget	\$	3,311		\$	3,315,000
21. Public Broadcasting Affiliations	Check if nor application a Not Applical	and therefore Q	2. 21			hip in nationa as appropria		proadca	sting organiza	tions.
Enter "Y" if applicant is currently CPB qualified					FBS	INCH	INFOB	FNI	Other	Olliei
If applicant is NOT	te of expected qu	alification		This year				-		
currently CPB qualified, enter "Y" if qualification is expected.				Next year						
North Monterey County, CA Salinas, CA	pending pending	FCC F	riie #			ey County	High S		X X	.eu
23. Yes (No) (circle one) Have you applied to, in another Federal prograplease provide information page. 44. List all public radio, TV stations or ITFS factors are a (1 MV) City	am for this project ation regarding fu cilities which prov	t or a related pr nds from CPB o ride a similar 3 for TV).	roject? or other 25. affe this (Cit Cou	Areas ected by Project ities, unties, tes,	ls in the Rer		n below o		other	
City	Call Lette	rs	Etc	.)						
City	Call Lette	rs								
City	Call Lette	15								
EMARKS (continuation of any items from page	ne 1 or this nage-	- continue on pl	lain nan	er attached t	o this page	if necessary				
EMARKS (continuation of any items from page	ge i oi iiis page-	- continue on pi	iaiii pap	er attached t	o iriis page	ii riecessary,				
uthorized for Local Reproduction	mmello	n2	2	T	his form expir	res 10/31/2006	Previou	ıs Editior	ns NOT usable	

Org Name: DEL NORTE CLINICS, INC.

UDS Number: 090850

APPLICATION FOR		DATE BURNET		
FEDERAL ASSISTAN	CE	2. DATE SUBMITTE		Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED	1/29/2004	
1	application	3. DATE RECEIVEL	BY SIAIE	State Applicationt Identifier
Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Identifier
✓ Non-Construction	Non-Construction			6 H80CS00765-02-01 6 H80CS00765-02-01
5. APPLICANT INFORMATION Legal Name:		4		
DEL NORTE CLINICS, INC.			Organizational Unit:	
Address (give city, county, state, and zip of	ode)			
935B MARKET STREET YUBA CITY, CA 95991			Name and telephone numb application (give area code Karl F. Valrey, M.D. (530)674-4261	er of the person to be contacted on matters involving this)
Sutter				
6. EMPLOYER IDENTIFICATION NUMBER	R (EIN):		7 TYPE OF APPLICANT	
1942210447A1				enter apprpriate letter in box) N
8. TYPE OF APPLICATION: New If Revision, enter appropriate letter(s) in bo A. Increase Award D. Decrease Duration Other (sp	ase Award C. Ir	Revision Corease Duration	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District 9. NAME OF FEDERAL AG HHS, BPHC	H. Independent School Dist I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Public Non-Profit ENCY:
10. CATALOG OF FERRING				
10. CATALOG OF FEDERAL DOMESTIC Community Health Center	ASSISTANCE NUMB	ER:	11. DESCRIPTIVE TITLE O	APPLICANT'S PROJECT:
Migrant Health Centers			A network of commur	ity clinics providing primary health care and
L. Centers			actival set AICES fo till(rant and seasonal farm workers and other idents in five northern Sacramento Valley
12. AREAS AFFECTED BY PROJECT (CI	ities, counties, states, e	etc.):	• •	
Counties: Butte, Colusa, Glenn,	Sutter, Yuba	·		
13. PROPOSED PROJECT:	-			
Start Date Ending Date	a. Applicant	NAL DISTRICTS OF		
00/04/000	2, 4		ь. 2,4	Project
06/01/2004 05/31/2005			2,4	
15. ESTIMATED FUNDING:		46 16 4001 10	ATION OUR PERSON	
a. Federal			ATION SUBJECT TO REVIEW	BY STATE EXECUTIVE ORDER 12372 PROCESS
	1,819,877.0		HIS PREAPPLICATION/APPLIC	CATION WAS MADE AVAILABLE TO THE STATE
b. Applicant	1	OO EXECUTIVE	ORDER 12372 PROCESS FO	R REVIEW ON:
	1.0	DA.	TE 02/01/2004	
c. Siata CEIVEL	2,798,494.0	00 b. NO.		
d. focal APR 2 1 2004	0.0	00	PROGRAM IS NOT CO	
e Other	386,251.0	00 :	OR PROGRAM HAS NO	OT BEEN SELECTED STATE FOR REVIEW
Frogram Income = ADINGHOU	IOL	17. IS APPLICAT	TON DELINQUENT ON ANY F	EDERAL DEBT?
LOTATE CLEARING	16,592,438.0			
A Program Income CLEARING HOU			Yes If "Yes", attach ar	explanation Vo
3. TO THE BEST OF MY KNOWN FROM	21,597,060.0	10		
3. TO THE BEST OF MY KNOWN FROM	21,597,060.0	10		
TO THE BEST OF MY KNOWLEDGE AND TO THE BEST OF MY KNOWLEDGE AND THE GOVERNING BODY OF THE GOVERNING BOOTH OF THE GOVERNING BOTH OF THE GOVERN	21,597,060.0	10		JE AND CORRECT, THE DOCUMENT HAS BEEN DULY FACHED ASSURANCES IF THE ASSISTACE IS AWARDED.
g. TO THE BEST OF MY KNOWLEDGE AND UTHORIZED BY THE GOVERNING BODY O I. Typed Name of Authorized Representati Karl F. Valrey	21,597,060.0	10	N/PREAPPLICATION ARE TR WILL COMPLY WITH THE AT	JE AND CORRECT, THE DOCUMENT HAS BEEN DULY FACHED ASSURANCES IF THE ASSISTACE IS AWARDED. c. Telephone Number
TO THE BEST OF MY KNOWLEDGE AND TO THE BEST OF MY KNOWLEDGE AND THE GOVERNING BODY OF THE GOVERNING BOOTH OF THE GOVERNING BOTH OF THE GOVERN	21,597,060.0 D BELIEF, ALL DATA IF THE APPLICANT A Ve	10	N/PREAPPLICATION ARE TR WILL COMPLY WITH THE AT b. Title	JE AND CORRECT, THE DOCUMENT HAS BEEN DULY FACHED ASSURANCES IF THE ASSISTACE IS AWARDED.

APPLICATION FOR				-	
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED		Applicant Identifier 04-146	
	,	4-20-04			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
<u>Application</u>	Preapplication			= 1 -111-46	·
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction			<u> </u>	
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:	·····	
City of Redding					
Address (give city, county, State,	and zip code):			number of person to be contac	ted on matters involving
777 Cypress Ave			this application (give a	^{rea code)} y Bachman (530)22	5-4067
Redding, CA 96001 ((073780413)		Italia	y Dacimian (000)22	5 4007
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	ANT: (enter appropriate letter in	box)
94-6000					С
94 0000			A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:	and the first of the second	•	B. County	I. State Controlled Institution	of Higher Learning
№ New	☐ Continuation	Revision	C. Municipal	J. Private University K. Indian Tribe	
]	D. Township E. Interstate	L. Individual	
If Revision, enter appropriate lette	er(s) in box(es)		F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Dec	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify)	
	specify):	Duration	от о <u>р</u> .		
B. Booroado Barason Gunonte	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9. NAME OF FEDERA	AL AGENCY:	
			Environmental P	rotaction Agency	
			1		
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJ	ECT:
		6 6 — 6 0 6		water infrastructure imp	rovements for
TITLE, Suntous Stud	dies and Investigations	and Special Purpose	the Redding Still	water Industrial Park	
12. AREAS AFFECTED BY PRO			-		*
Cities of Redding and And	terson, Shasta County	/ CA			
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			•
Start Date Ending Date	a. Applicant		b. Project		
Start Date Ending Date 4/1/05	CA	. 2	D. 1 Tojout		
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY S	TATE EXECUTIVE
			ORDER 12372 PI	ROCESS?	
a. Federal	\$	385,700			
		365,700	a. VES. THIS PRE	APPLICATION/APPLICATION E TO THE STATE EXECUTIV	WAS MADE
b. Applicant	\$	915 ,573		FOR REVIEW ON:	E ORDER 12372
c. State	SIEC, FIVE	00	7		
C. State		· ·	DATE 7	12012004	
d. Local	S APR 2 1 201	00			
			b. No. PROGR	AM IS NOT COVERED BY E.	O. 12372
e. Other	\$.00	☐ OR PRO	GRAM HAS NOT BEEN SELE	CIED DE SIAIE
	STATE CLEARING H	OUSF	- FOR RE	V 11 V V	
f. Program Income	and the state of t	•	17 IS THE APPLICA	NT DELINQUENT ON ANY F	EDERAL DEBT?
g. TOTAL	\$.	.00	┦	attach an explanation.	☑ No
		701,273		·	
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, AL	L DATA IN THIS APPLI	CATION/PREAPPLICA	TION ARE TRUE AND CORR	ECT, THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE G	OVERNING BODY OF T	HE APPLICANT AND T	HE APPLICANT WILL COMP	LY WITH THE
ATTACHED ASSURANCES IF				la Tolophona Number	
a. Type Name of Authorized Rep	oresentative /	b. Title		c. Telephone Number (530) 225-4061	
Michael Warren	- deline la	City Manager		e Date Signed	
d. Signature of Authorized Repre	esentative			e. Date Signed	

APPLICATION FOR FEDERAL ASSISTANC	E	Z DATE SUBMITTED	24/19/04	Applicant Identifier	Version	7/03
1. TYPE OF SUBMISSION:	Pre-application	1 3. DATE RECEIVED B	· · · · ·	State Application :		
Onstruction Non-Construction	Construction	4. DATE RECSIVED B	Ý FEDERAL AGENCY	Feceral Identifier		
Legal Name. NORTHE	POINTE LEADEI (NPLA)	RSHIP ACADEN	Yorganizational Unity Cepartment PRI	orthooint VATE~ K-6	e <u>Leadershin</u> SCHOOL	 adem:
Organizational DUNS.		G U W G	N/A			_
Address: Street:		<u> </u>		number of person	to be contacted on matte	ics
2434 E.	NEES DI- AP	R 2 U 2004		First Name: Pe		
County FRESNO			Last Name	,,		
Store:	Zip CorSTARTE C	LEARING HO	ALVIN USE	<u> </u>		
Country:		233 1900 8	Empil TRIOA	ALVINODÃOL	COM	
6. EMPLOYER IDENTIFICATIO	N NUMBER (SIN)		Phone Number (gree are		damicer (fare and code)	—
8. TYPE OF APPLICATION:			559-323-500 7. TYPE OF APPLICAN	02 559	7-323-2536 The replication Types)	
IV New If Revision, enter appropriate lette (See back of form for description	er(+) in how(as)	Revision	į.	ON-FOR PRO		
Other (specify)			9 NAME OF FEDERAL US DEPT OF	AGENCY: COMMERCE		
10. CATALOG OF FEDERAL D	CMESTIC ASSISTANCE	NUMBER:	11. DESCRIPTIVE TITL	E OF APPLICANT		- i
TITLE (Name of Program):		UD-552	NPLA, PRO. 3-YR SCHOO	JECT LIFE-	-DEMONSTRATIO	N
12 AREAS AFFECTED BY PRO FRESNO . FRESNO		1	FAMILIES (L	OW INCOME	/DISADVANTA	(FD
13. PROPOSED PROJECT	CO CALTEORN	11/	14. CONGRESSIONAL I	CISTRICTS OF:	- DIONDIMIN	-
Start Date: 10/01/04	Ending Date: 10/01	/07	a. Applicant CALIFOR	NIA CAL	IEODNIA # 1	
15. ESTIMATED FUNDING:	· ·		16. IS APPLICATION SU DRDER 12372 PROCESS	IEJECT TO REVIEW 57	Y BY STATE EXECUTIVE	
o. Federal S b. Applicant S	\$1 <u>4</u> 2,025.00		AVAILABLE	TO THE STATE EX	CATION WAS MADE ECUTIVE ORDER 12372	
c. Stare	<u> 5157,090,00</u>		CATE	CR REVIEW CN		
L Local 5	~		2806233115	S NOT COVERED B	Y 5 0 10000	
E. Cther 3			ν.		SELECTED BY STATE	
. Program Income S			FOR REVIEW	1		1
, TOTAL 3	\$299,115.00	*	Yes II "Yes" attach an		X No	
8. TO THE BEST OF MY KNOW OCUMENT HAS BEEN DULY AL TRACHED ASSURANCES IF TH	LEDGE AND BELIEF. AL JTHORIZED BY THE GO	L DATA IN THIS APPLI VERNING ECOY OF TH	CATIONPREAPPLICAT	ION ARE TRUE AN	T COBBECT THE	<u> </u>
1. Authorized Representative	int Name		Miccle Nam	DESON	OALL	7-1-
DSI Name JOHN SON	1- DANIEL	/	Sunix	1200	UT()	<u>!</u>
Tige CHAIR	EXECU		BINETTES	2 100 100 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		<u>.</u> !
Signature of Authorized Regress			e. Caro Sign		OR 04	<u>;</u>
revious Edition Uspole Littorized for Local Reproduction				Standa	ira Form +2+ (Rev.9-2003) ea by CMB Circular A-102	

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	1	Applicant Iden	tifier
		2. DATE SUBMITTED 4/15/04	CTATE		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY		State Applicat Federal Identi	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	reuerai identi	nei
Non-Construction 5. APPLICANT INFORMATION	☐ Non-Construction				
Legal Name:			Organizational Unit:		
Community Action	Agency of San	Mateo Co.Inc.	Department:		
Organizational DUNS: 09-343-6137			Division:	and the second s	
Address: Street:			Name and telephone involving this applic		rson to be contacted on matters a code)
930 Brittan Avenu	e		Prefix:	First Name:	
City:			Middle Name		
San Carlos County:			Francis Last Name		
San Mateo County	Zip Code		Parker Suffix:		
State: CA	94070				
Country: USA			Email: grace@c	aasm.org	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give a	rea code)	Fax Number (give area code)
94-2475728			650-595-1342		650-595-5376
8. TYPE OF APPLICATION:					k of form for Application Types)
X Nev		n 🗌 Revision	0 (Not for	r Profit	Organization)
(See back of form for description			Other (specify)		
Other (specify)	LJ		9. NAME OF FEDER USDA, Rural	AL AGENCY: Developm	ent
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVE TI	_	
		10-443	•		for low-income
TITLE (Name of Program):					ral Coastside areas
Housing Preservati	on Grant	s States etc.):	of San Mate	o County.	
Coastside, San Ma	iteo County, C	A	14. CONGRESSION	AL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant		b. Project
10/01/04 15. ESTIMATED FUNDING:	9/30/05		12, 14	I SUBJECT TO	12, 14 REVIEW BY STATE EXECUTIVE
			ORDER 12372 PROC	ESS?	
a. Federal \$	1	00,000	_ a. Yes. 🔯 AVAILAB	ILE TO THE ST	WAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$.00		SS FOR REVIEN	/V UN
c. State \$.00	DATE:	4/14/04	/FRED BY E O 12372
d. Local \$.00	D. No. □		/ERED BY E. O. 12372
e. Other \$	1	.00	☐ FOR RE\	/IEW	NT ON ANY EEDERAL DERTS
f. Program Income \$.00	_		NT ON ANY FEDERAL DEBT?
g. TOTAL \$.00,000	☐ Yes If "Yes" attac		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPPLI THE APPLICANT AND	THE APPLICA	TRUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative			h a: - 11 -	Nama	
Prefix Mr.	First Name William		Middle	Name Francis	
Last Name Parker			Suffix		
b. Title Executive Dire	0 1 12		11 \\\/ 15 11 \) 16	phone Number 50-595-13	(give area code) 342
d. Signature of Authorized Repre	senfative 1		e. Date	e Signed 4/15/04	
Previous Edition Usable		P	1.12	4/10/04	Standard Form 424 (Rev.9-2003)
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		CTATE OIFAR	DIALOTION		
		STATE CLEAF	IIIVU MUUDE		

CDVA

OMB Approval No. 0348-0043

Construction		CONTINUA	TION	ON	IB Approval No. 0348-004
PPE OF SUBMISSION: Application Construction		2. DATE SUBMITTED		Applicant Identifier	
PPE OF SUBMISSION: Application Construction	CE				
Application X Construction		04/09/04	STATE	State Application Identifie	·ſ
Construction		3. DATE RECEIVED BY	SIAIE.		
	reapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	FAI# 06-050
Non-Construction	Non-Construction				
APPLICANT INFORMATION			Organizational Unit:		
gal Name: lifornia Department of Veterand	Affairs E P E I	VEDI	Veterans Homes Divis	sion	ntacted on matters involv
dress (give city, county, State, a 27 "O" Street, Suite 314 cramento, CA 95814	APR 20	2004	this application (give a	916 653-2176	nson, D.M.A. Development Division
OVER IDENTIFICATION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2001	7. TYPE OF APPLIC	ANT: (enter appropriate le	
EMPLOYER IDENTIFICATION				the transfer Cabooli	Olet A
9 4 - 6 0 3 8	1 5 7	MOHOHOE	A, State	H. Independent School I I. State Controlled Institu	ution of Higher Learning
TYPE OF APPLICATION:	STATE GLEMNI	IAO IIOOP	B. County C. Municipal	J. Private University	
□New	Continuation	X Revision	D. Township	K. Indian Tribe	
-		n —	E. Interstate	L. Individual	
Revision, enter appropriate lette	r(s) in box(es)		F. Intermunicipal	M. Profit Organization	
	ease Award C. Increa	se Duration	G. Special District	N. Other (Specify)	
A. Increase Award B. Decre D. Decrease Duration Other(s)					
D. Decrease Duration Citier(s)	poony/.	•	9. NAME OF FEDER		
			Department of Vet	erans Affairs	
	,				
D. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE	NUMBER:		TITLE OF APPLICANT'S	
		64-005	Renovation of E	lectrical Distribution Syste	m (see enclosures)
Grants to States for Construc	tion Projects	0,1			
TITLE: State Home C	onstruction Grants				
2. AREAS AFFECTED BY PRO	JECT (Cities, Counties, S	States, etc.):			
State of California, Napa County	. Town of Yountville	•			
nate of Cantonna, rapa			+		
3. PROPOSED PROJECT	14. CONGRESSIONAL	DISTRICTS OF:			
	- Applicant		b. Project		
start Date Ending Date	a. Applicant Robert Matsul, 5th CA C	ongressional District	Mike Thompson, 1	st CA Congressional Dist	ict
July, 2003 July, 2006	Hobert Matsul, Still OA O	origina a roma	16. IS APPLICATIO	N SUBJECT TO REVIEW	BY STATE EXECUTIVE
5. ESTIMATED FUNDING:			ORDER 12372		
	\$ 1,353,599.00				TION WAS MADE
a. Federal	w 1,000,000.00		a, YES. THIS PA	EAPPLICATION/APPLICA	TION WAS MADE
Applicant	\$			BLE TO THE STATE EXEC	JULIVE UNDER 123/2
o. Applicant			PROCES	SS FOR REVIEW ON:	
c. State	\$ 1,300,701.00		DATE _	04/09/04	
the state of the s	\$		b. No. PROG	RAM IS NOT COVERED ROGRAM HAS NOT BEEN	BY E. O. 12372 LISELECTED BY STATE
d, Local	S			REVIEW	
d, Local e, Olher	1		\		
	\$	=		CANT DELINQUENT ON	
e. Olher f. Program Income a. TOTAL	\$ 2,654,300.00		Yes If "Yes	s," attach an explanation	. × No
e. Olher f. Program Income g. TOTAL 18. TO THE BEST OF MY KNO	\$ 2,654,300.00 WLEDGE AND BELIEF, Y AUTHORIZED BY THE	GOVERNMEN DOO! 4.	Yes If "Yes	s," attach an explanation CATION ARE TRUE AND D THE APPLICANT WILL	. X No
e. Olher f. Program Income g. TOTAL 18. TO THE BEST OF MY KNC DOCUMENT HAS BEEN DUL' ATTACHED ASSURANCES IF	\$ 2,654,300.00 WLEDGE AND BELIEF, Y AUTHORIZED BY THE THE ASSISTANCE IS A	WARDED.	Yes If "Yes LICATION/PREAPPLICANT AND THE APPLICANT AND	s," attach an explanation CATION ARE TRUE AND DITHE APPLICANT WILL ary c. Telephone Numbel	. CORRECT, THE COMPLY WITH THE
e. Olher f. Program Income g. TOTAL 18. TO THE BEST OF MY KNC DOCUMENT HAS BEEN DUL' ATTACHED ASSURANCES IF a. Type Name of Authorized Re	\$ 2,654,300.00 DWLEDGE AND BELIEF, Y AUTHORIZED BY THE THE ASSISTANCE IS A presentative physon	WARDED.	Yes If "Yes	s," attach an explanation CATION ARE TRUE AND DITHE APPLICANT WILL ary c. Telephone Numbel	. X No CORRECT, THE COMPLY WITH THE
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APPLICATION FOR

REVISION

OMB Approval No. 0348-0043

FEDERAL ASSISTANCE			2. DATE SUBMITTED		Applicant Identifier			
	_	,	4/16/04					
1. TYPE OF SU	BMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier			
Application		Preapplication		•				
		Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier 06-044			
Non-Con		Non-Construction						
5. APPLICANT Legal Name:	INFORMATION		***************************************	Joseph attend their				
	rtment of Veterar	ne Affaire		Organizational Unit: Veterans Homes Divis	don.			
	ily, county, State,				number of person to be contacted on matters in	ovolvin		
1227 "O" Street, Sacramento, CA	Suite 314		GEIVE		rea code) Robert M. Johnson Capital Outlay and Construction Dir 916 653-0240			
6. EMPLOYER				A. State H. Independent School Dist.				
8. TYPE OF AP	PLICATION:			B. County	I. State Controlled Institution of Higher Learning	ng		
	New	Continuation (N Revision	C. Municipal	J. Private University			
		A. Terrandonian Control of the Contr	CEARPHIAIGN HOL	D. Township	K. Indian Tribe			
If Revision, ente	r appropriate lette	er(s) in box(es)	According to the sequence will be a sequence of the sequence o	E. Interstate	L. Individual			
A, Increase Av	word P Doo	rease Award C. Increase	Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify)			
D. Decrease D		specify):	Duranon	G. Special District	N. Other (Specify)			
		.,,,,,		9. NAME OF FEDERA	L AGENCY:			
				Department of Veter	ans Affairs			
10. CATALOG	OF FEDERAL DO	MESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	LE OF APPLICANT'S PROJECT:			
Grants to St	ates for Construc	otion Projects	6 4 — 0 0 5	Veterans Homes o	f California-Greater Los Angeles-Ventura Cou	ınties		
		State Homes Facilities						
	A	DJECT (Cities, Counties, Star						
State of Californ		os Angeles and Lancaster, C ounty of Ventura	bounty of Los Angeles					
13. PROPOSED	PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:	b, Project				
Start Date	Ending Date	a, Applicant			on, 25th CA Congressional District (Lancaster) 3rd CA Congressional District (Ventura)			
July, 2003	June, 2008	Robert Matsui, 5th CA Cong	gressional District		29th CA Congressional District (West Los Ang	jeles)		
15. ESTIMATED	FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE	VE		
				ORDER 12372 PR	OCESS?			
a. Federal		\$ 92,712,868.00		\(\tau \)				
b. Applicant		\$		AVAILABLE	PPLICATION/APPLICATION WAS MADE TO THE STATE EXECUTIVE ORDER 12372	:		
c, State		\$ 59,032,832.00		DATE	FOR REVIEW ON: 4/19/04			
d. Local	· ·	\$			M IS NOT COVERED BY E. O. 12372			
e. Other		\$			RAM HAS NOT BEEN SELECTED BY STATE	Ξ		
f. Program Incom	ne	\$		17. IS THE APPLICAN	T DELINQUENT ON ANY FEDERAL DEST?			
g. TOTAL		\$ 151,745,700.00			ttach an explanation.			
DOCUMENT HA	S BEEN DULY	/LEDGE AND BELIEF, ALL AUTHORIZED BY THE GOV THE ASSISTANCE IS AWAI	VERNING BODY OF THE	ATION/PREAPPLICATI E APPLICANT AND TH	ON ARE TRUE AND CORRECT, THE E APPLICANT WILL COMPLY WITH THE			
a. Type Name of		esentative	b. Title	Secretary ent of Veterans Affairs	c. Telephone Number 916 653-2158			
d. Signature of A			- STATE OF STATE		e, Date Signed /16/04			
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CDVA

REVISION OMB Approval No. 0348-0043 APPLICATION FOR 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE 04/08/04 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application X Construction Preapplication Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier FA!# 06-046 ☐ Non-Construction Non-Construction 5. APPLICANT INFORMATION Organizational Unit: California Department of Veterans Affairs Veterans Homes Division Address (give city, county, State, and zip code Name and telephone number of person to be contacted on matters involving this application (give area code) Robert M. Johnson, D.M.A. 1227 "O" Street, Suite 314 CDVA Construction Division Sacramento, CA 95814 916 653-2176 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) 9 4 - 6 0 3 8 1 5 7 Α A. State H. Independent School Dist. 6. TYPE OF APPLICATION: I. State Controlled Institution of Higher Learning B. County C. Municipal J. Private University X Revision New Continuation D. Township K. Indian Tribe L. Individual If Revision, enter appropriate letter(s) in box(es) F. Interstate F. Intermunicipal M. Profit Organization B. Decrease Award C. Increase Duration G. Special District N. Other (Specify) _ A. Increase Award D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: Department of Veteran's Affairs 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Grants to States for Construction Projects 0 0 5 Renovate 1.25 Million Gallon Storage Tank and Transmission Lines (see enclosure) TITLE: State Home Construction Grants 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California, Napa County, Town of Yountville 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT Start Date Ending Date a. Applicant July, 2003 March, 2005 Mike Thompson, 1st CA Congressional District Robert Matsui, 5th CA Congressional District 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal \$ 888,303.00 a, YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 5 b. Applicant PROCESS FOR REVIEW ON: c. State 5 851,377,00 DATE 04/09/04 d. Local S b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE e. Other \$ FOR REVIEW f. Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL \$ 1,739,680.00 Yes If "Yes," attach an explanation. X No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED Secretary c. Telephone Number a. Type Name of Authorized Representative California Department of Veterans Affairs 916 653,2158 Thomas Johnson

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d. Signature of Authorized Representative

e. Date Signed

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Prescribed by OMB Circular A-102

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		REVISIO	N	OMB A	pproval No. 0348-004
APPLICATION FOR		2. DATE SUBMITTED		Applicant Identifier	
EDERAL ASSISTA	NCE	04/08/04			
TVPE OF OUR TOOLOGY		3. DATE RECEIVED BY	STATE	State Application Identifier	
TYPE OF SUBMISSION:	Preapplication				
Application X Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifler	FAI# 06-048
Non-Construction	Non-Construction				
APPLICANT INFORMATION			Organizational Unit:		· · · · · · · · · · · · · · · · · · ·
egal Name:			Veterans Homes Divis	sion	
California Department of Vetera	ns Affairs	GEIVE	Name and telephone	number of person to be contac	ted on matters involv
Address <i>(give city, county, State</i> 1227 "O" Street, Sulte 314 Sacramento, CA 95814	, and zip code):	<u>G E II V E</u>	This application (give a	rea code) Robert M. John CDVA Construc 916 653-2176	son, D.M.A. tion Division
3. EMPLOYER IDENTIFICATIO		A/H 2 0 2001		ANT: (enter appropriate letter in H. Independent School Dist.	A A
		COO OI POR A POINT OF	A, State	I. State Controlled Institution	of Higher Learning
8. TYPE OF APPLICATION:	ISTAT	E CLEAKING TI	G. Municipal	J. Private University	- 0
☐ Ne		→ Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate let	Her(s) In box(es)		E. Interstale	L. Individual	
il Healaidil, etter appropriate to)		F. Intermunicipal	M. Profit Organization	
A. Increase Award B. De	crease Award C. Increas	se Duration	G. Special District	N. Other (Specify)	· · · · · · · · · · · · · · · · · · ·
	(specily):		9. NAME OF FEDER	AL AGENCY:	
			1	•	
			Department of Vete	erans Affairs	
			AL DECODIDENCE TO	TLE OF APPLICANT'S PRO	IFCT:
10. CATALOG OF FEDERAL D	DOMESTIC ASSISTANCE		I		
Grants to States for Constr	uction Projects	6 4 - 0 0 5	Annex 1 Renovat	ion (Alzheimer/Dementia Unit	(see enclosure)
TITLE: State Home	Construction Grants				
12. AREAS AFFECTED BY PF	ROJECT (Cities, Counties, S	tates, etc.):			
State of California, Napa Coun				•	
13. PROPOSED PROJECT	14. CONGRESSIONAL D	DISTRICTS OF:			
	A = -1/2 = =1		b. Project		
Start Date Ending Date July, 2003 March, 2005	a. Applicant Robert Matsul, 5th CA Co	ongressional District	Mike Thompson, 1s	t CA Congressional District	
	Robert Maisur, 5th CA C.	ongressional product	16. IS APPLICATION	SUBJECT TO REVIEW BY	STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 P		
a. Federal	\$ 8.791.654.30	7			
a, receiai	5 6.731.004.00		a, YES. THIS PRE	APPLICATION/APPLICATION	WAS MADE
b. Applicant	\$			LE TO THE STATE EXECUTIVES FOR REVIEW ON:	/E OHDEH 12372
c. State	\$ 6,404,945.00		DATE 0		
d. Local	s		_	RAM IS NOT COVERED BY E	O. 12372
. 045	\$		OR PRO	GRAM HAS NOT BEEN SEL	ECTED BY STATE
e. Other	P		FOR RE		
I. Program Income	\$		17. IS THE APPLICA	ANT DELINQUENT ON ANY	EDERAL DEBT?
g. TOTAL	\$ 15,196,600.00		Yes If "Yes,"	attach an explanation.	ĭ No
18. TO THE BEST OF MY KN DOCUMENT HAS BEEN DUL ATTACHED ASSURANCES	Y AUTHORIZED BY THE	GOVERNING BODY OF T	CATION/PREAPPLICA HE APPLICANT AND	THE APPLICANT WILL COM	RECT, THE PLY WITH THE
a. Type Name of Authorized R Thomas S	epresentative	b. Title	Secretar ment of Veterans Affali		2158
d. Signature of Authorized Rep		Curu		e. Date Signed	104
Previous Edition Usable		X X		Standard Form	424 (Rev. 7-97)

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

•				Applicant Identifier		
EDERAL ASSISTAN	CE	2. DATE SUBMITTED	•			
	, ,	5/16/03		State Application Identifier		
. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	SIAIE			
- Sphiogram	Preapplication	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Construction	Construction Non-Construction	4. DATE RECEIVED T.				
Non-Construction APPLICANT INFORMATION	1 14011-College desiren					
	Eccuts, D	aves	Organizational Unit:	Entomology		
Larry I Tod	Tray		Dept: OI	Entomology number of person to be contacted on matters invo		
Address (give city, county, State, Dept. of Entom One Shields Av	and zip code): ology, 367 P	Briggs Hall		viea code) Na11y, 530-754-7670		
Yolo County. D	enue, univer	116	Mary Mc.	Naily, 550 754, 676		
S. EMPLOYER IDENTIFICATION	NUMBEŘ (EIN):		7. TYPE OF APPLIC	ANT: (enter appropriate letter in box)		
94-6036			A. State B. County	H. Independent School Dist. I. State Controlled Institution of Higher Learning		
B. TYPE OF APPLICATION:	$O_{\mathcal{Y}}$	1-712-0084	C. Municipal	J. Private University		
X New	Continuation	Revision	D. Township	K. Indian Tribe		
If Revision, enter appropriate lette	er(s) in box(es)		E, Interstate	L. Individual		
1 Revision, enter appropriate tell	b)(5) 111 box(64)		F. Intermunicipal	M. Profit Organization		
A Increase Award B. Dec	rease Award C. Incre	ase Duration	G. Special District	N. Other (Specify)		
D. Decrease Duration Other(s	specify):		9. NAME OF FEDER	AL AGENCY:		
			U.S. EPA			
			Paul Fede	er (CMD-4-1)		
			14 OF CODIDINE	ITLE OF APPLICANT'S PROJECT:		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE					
		[6,6] $-[7,1]$ 4	Improved	Managment of the Eqypt eevil in California		
Toric Pestici	de Environ.S	tewardship	Alfalfa t	o Protect Environmental		
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties,	States, etc.):	Quality	O 1100001 Mile II om		
			Quality			
Counties						
13. PROPOSED PROJECT	14. CONGRESSIONAL	DISTRICTS OF:	•			
2/25/04 430/05			b. Project			
Start Date Ending Date	a. Applicant		1 т			
10/1/03 9/30/04 15. ESTIMAPED FUNDING:	<u> </u>	APR 1 9 2004	16. IS APPLICATIO	N SUBJECT TO REVIEW BY STATE EXECUTIVE		
ler 1.0. Der	T\$	۵۵	ORDER 12372	PROCESS?		
a. Federal	40,000		a. YES, THIS PR	EAPPLICATION/APPLICATION WAS MADE BLE TO THE STATE EXECUTIVE ORDER 12372		
b. Applicant	C P	e G E D V E	AVAILAL	SS FOR REVIEW ON:		
				1		
c. State	\$ 0	APR 19°2004	" U	F119104		
d. Local	\$ <u> </u>	APR 19:2004	5. No. □ PROG	RAM IS NOT COVERED BY E. O. 12372		
e. Other	\$	<u>aa</u>	11 1	ROGRAM HAS NOT BEEN SELECTED BY STATE		
C. O		TO A PARTITION OF THE P	TISE FOR !	REVIEW		
f. Program Income	Is SIAI	E CLEARING HO	MOL	CANT DELINQUENT ON ANY FEDERAL DEBT?		
		90	17. IS THE APPLI			
g. TOTAL	\$	0	· —	," attach an explanation.		
DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY TH	E GOVERNING BODY OF	ICATION/PREAPPLICE THE APPLICANT AND	CATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE		
ATTACHED ASSURANCES	F THE ASSISTANCE IS	AWARDED.		c. Telephone Number		
a. Type Namal of the Name	ephs Ditative	b. Tyle	131= A=11	530-754-7670		
d. Signature of Authorized Rep	Grante Officer		AFCEIVED	e. Date Signed		
a. Signature of Authorized Her	MAKINT		al	7-18-03		
V V V V V V V V V V V V V V V V V V V	· y v ~ v v	O LET TEN	0 4 0003	Standard Form 424 (Rev. 7-97)		
Previous Edition Usable V				Paradilla de AMB Aisonia Autina		
Previous Edition Usable Authorized for Local Reproduc	ction		JUL 2 1 2003	Prescribed by OMB Circular A-102		
Previous Edition Usable V Authorized for Local Reproduc	tion		MO, PMD-7	Prescribed by OMB Circular A-102		

APPLICATION FOR PTFP FUNDS

Public Telecommunications Facilities Program

Check here if Revised Form

OMB Approval 0660-0003

Mrs.

Signature of authorized representative

Eugenie

Jolie

Mason

NTIA/Department of Commerce/Washington DC 20230 CFDA 11.550

For PTFP Use

Project Director

Date

signed

Δ	Р	P	1	C	Δ	T	0	N	P	Δ	R	Т

APPLICATION	ON PARTI				2. Employe	ır	
1. APPLICA	NT	of .			ID# (EIN)	95-4302067	
Legal Name	Community	Partners FBO Los Ang	eles Radio Re	ading Service			
Organizational Unit	Los Angeles	Radio Reading Servic	е	_	Main Station	VEM 995	
Mailing Address (line 1)	6216 Sylvia	Avenue			Call <u>KCSI</u> Letters	N FM 88.5 Radio MHz	TV Channe
Address (line 2 if required)				-			
City	Tarzana			- State CA	County Los	Angeles	Zip 91335-
3. Administrati	ve Contact		E-	^{mail} jolie@larrs.org]		
Mr., Ms.,	Dr. First Name	M. I.	Last Name		Jr. etc Positio	on	
Mrs.	Eugenie	Peter Bear	Mason		Proje	ect Director	
	\	HECEN					
Phone # <u>(818</u>		APR 1 9	2004	Fax#	(818) 678-088	34	
4. Engineering							
Full Mr. [Name	Dick Burden	STATE CLEARIN	NG HOUSE	Engineer Phone		20	
Title Engi	neering Advis	THE RESIDENCE OF THE PARTY OF T			(818) 340-459	30	
DPO IECT I	NFORMATIO	N 5a. Enter "Y	''' if	5b. Old	6. Enter "Y" if new		
		Reactive	ation <u>N</u>	File #	FCC authorizati		
, ,) to classify proje	ct			8. Length of		
(P)lanning or (C)onstructio	<u>C</u>	(R)adio or (T)V R or (RT) for both	(B)roadcast or (l or (BN) for both	N)onbroadcast N	Project (# of months)	_12	
					,		
9. Check ONE b	oox which best de	escribes the type of your proj	ect and enter the	estimated number of pe	rsons that the project	will benefit	
A. New Broadd Station, Repea	iter or	B. Broadcast Equipment		gital TV onversion	D. Nonbroad (e.g. Distand		10. Enter the Priority or
Translator; 1st origination	local	Replacement, Augmentation			Learning Activation of Expansion	✓	Category under which
	ce added by	CURRENTLY		JRRENTLY served by oplicant.	1	TLY served by	you request the application be reviewed
proposed fa		CURRENTLY served applicant.	by an	рисан.	140,000		l l
ADDED SEI	RVICE to those	1		nter "Y" if a		vice added by proposed	Special A
covered by	others			ulti-year oplication	facility 15,000		Opecial A
						14 8:	
13 FSTIMA	TED FUNDIN	G (whole dollars)	14. Is applicant s	ubject to review by Executi	ve Order 12372?	11. Single Congressional District of	
a. Federal Requ	- Totalum	13,596	Office of PT	state has no Single Point of Cor FP program is not selected for s		Applicant	30
b. Applicant Sha	aro f		review. Other	erwise enter Yes.	NO NO		districts served by PA 1-3, NY 4, 5-9)
b. Applicant Sn	are \$ —	4,532				25, 27, 28,	
c. TOTAL	\$	18,128	15. Is applicant of Enter YES or	lelinquent on any Federal D · NO. If YES, attach explana	Debt? ation. NO		
d. Fed. % of elig	gible costs	75.00_ %					
		AUTHORIZED REPRE		To the best of my know			
The document Rules if the ass	has been duly istance is awarde	authorized by the governinged.		oplicant and the application application by the second sec		the attached assu	rances and the PTI
Mr., Ms., Dr.	First Name	M. I.	Last Name	010 / 040	Jr. etc Positio	n	

Form Approved Through 0	5/2004		OMB No. 0925-006				
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	Public Health Services		Type / Acti Review youp	Vity Number Formerly			
	Srant Applicat		ากบก เชียงard (Month	, Year) Date Received			
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		Research Support	manthaction are twice with all our many with terms a many				
RESPONSE TO SPE (// Yes, state number Number: RFA-MD-	r and title)	PPLICATIONS OR PROGRAM arch Infrastructure in Min		rsolicitation 🔲 no 🍱 y RIMI)	E\$		
3. PRINCIPAL INVESTIG		CTOR	New Investigator	No XYes			
34 NAME (Last first, mi Fernandez, Louis	ddle)		3b DEGREE(S) Ph.D				
GE POSITION TITLE	asidest of Asadomio	Affilia		ESS (Street, city, state, zip code	'E IN		
SE DEPARTMENT, SER	esident of Academic	the state of the s	5500 University	percent of administration reasons and the contract of the cont	-7111114		
Academic Affairs	MOE DABOTO TONICO	APR 1 9 2004	San Bemardine	111111			
or MAJOR SUBDIVISIO College of Natural	Sciences			APR 1 9 200	4		
ag YELEPHONE AND F	AX (Area code, number a	nd extension)	E-MAIL ADDRESS:	Gratt OI EARING!	TOUSE		
TEL: (909) 880-5024	بنشست مقبرت وسيدي	09) 880-7015		eduSTATE CLEARING			
A HUMAN SUBJECTS RESEARCH	4a. Research Exempt If "Yee," Exemption No	No LIYes	5. VERTEBRATE AI	NIMALS No TYES	aggranalistika ka k		
M No	4b. Human Subjects	1c. NIH-defined Frase III	5a. IT Yes, IACUC ep	proval Date 5b. Artimal welfare	esturance no		
☐ Yas	Assurance No. 00004685	Clinical Trial					
6. DATES OF PROPOS	ED PERIOD OF ay, year—MMIDDIYY)	7. COSTS REQUESTED FOR BUDGET PERIOD	RINITIA	8 COSTS REQUESTED FOR PERIOD OF SUPPORT	PROPOSED		
From	Through	7a. Direct Costs (\$)	7b. Total Costs (\$)	Ba. Direct Costs (\$) 8b. To	tal Costs (\$)		
10/01/04	09/30/09	\$571,456	\$680,704	\$3,067,260 \$3.	813,020		
8 APPLICANT ORGAN		ty Can Remarding	10. TYPÉ OF ORGA		Local		
Andres		ty Sair Detrial Cirlo	Private: →	Private Nonprofit			
2200 Onlyeis			For-profit: →	General Small Business			
San Bernard	ino, CA. 92407		Woman-owned Socially and Economically Disadvantaged				
			11. ENTITY IDENTIFICATION NUMBER				
			DUNS NO. 030579	213			
Institutional Profile File No	umber (if known)		Congressional Distric	41			
12. ADMINISTRATIVE O		IF A. ARD IS MADE	Paramon A	ING FOR APPLICANT ORGANI	ZATION		
Mame James F. Sau Title Executive Dir				ponsored Programs Adm	inistration		
				ersity Parkway			
State Course	ino, Ca. 92407			ardino, CA. 92407			
San bernaru	mo, Cr. 92407				and the second s		
79 (909) 680-5970	FA	× (909) 880-7036	Tol (909) 880-592	29 FAX (909)	880-7036		
E-Mail jeando@csus	sh.edu		E-Mall staniey@		1 - 4 		
attennente herein she true	complete and accurate to the	ASSURANCE: I certify that the a best of my knowledge. I am	SIGNATURE OF PUF	PD NAMED IN 3a.	DATE		
manage they are false fiction	THE OF TRAINFULANT REPLACEMENT	e or claims may subject me to by responsibility for the scientific	2		9-16-67		
conduct of the project and to	blevide the ledning profiles	s reports if a gravit is awarded as	1-10	1 1	Vin Strategic		
a regul of the application.	TION CERTIFICATION AND	ACCLOTANCE: I contry that the	HONATURE OF OF	TICIAL NAMED IN 13.	DATE		
statements herein are true, c	complete and accurate to the t	pear of my king wiedige, and	Ink Per eignstur	e not er eptenie.)	Hulow		
LIGHT OF THE POST OF THE	application. I am aware that	Aut lalate licturone or university	the Commence of the Commence o	Car To a Company of the contract of the contra	1		

Application for Federal Assistance

U.S. Department of Housing and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission		2. Date Submit	tted	4. HUD Apı	olication Number
X Application	Preapplication	3. Date and Tir	ne Received by HUD	5. Existing	Grant Number
				6. Applican	t Identification Number
7. Applicant's Legal Name			8. Organizational Unit		
Santiago Sunrise Village MOBILE		A 14 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	Santiago Sunrise Village MOBILE		
9. Address (give city, county, State, a			10. Name,title,telephone number,f		•
A. Address: 1500 East San	Rafael		contacted on matters involving this	s application	(including area codes)
B. City: Palm Springs			A. Name: Richard Simonian		
C. County: Riverside			B. Title: President		
D. State: California			C. Phone: (714) 289-8091		
E. Zip Code: 92262			D. Fax: (714) 744-3955		
			E. E-mail:		
11. Employer Identification Number (EIN) or SSN		12. Type of Applicant (enter appro		
33 0719913			A. State		sity or College
			B. County	J. Indian	
13. Type of Application			C. Municipal	•	y Designated Housing Entity (TDHE)
X New Continuation	Renewal R	evision	D. Township	L. Individ	
		·	E. Interstate		Organization
If Revision, enter appropriate letters i	n box(es)	<u> </u>	F. Intermunicipal	N. Non-p	
A. Increase Amount B. Decrease Am	ount C. Increase Duration	n	G. Special District		Housing Authority
D. Decrease Duration E. Other (Spec	cify)		H. Independent School District	P. Other	
			14. Name of Federal AgencyU.S. Department of Housing	-	ment of HUD
de Ostala y afficial Damastia Ass	internal (CEDA) Number		16. Descriptive Title of Applicant's		n bevelopment
15. Catalog of Federal Domestic Ass	istance (CFDA) Number		16. Descriptive Title of Applicants	riogiam	
Title: FHA Section 207 Component Title:			Section 207 with sub rehab waive	er	
17. Areas affected by Program (boro	ughs, cities, counties, Sta	ites,	1		
1 ' " '	m Springs, Riverside Cou				
<u> </u>					
18a. Proposed Program start date	18b. Proposed Program	end date	19a. Congressional Districts of Ap	plicant	19b. Congressional Districts of
			105th		Project 45
20. Estimated Funding: Applicant m	oust complete the Fund	ing Matrix on P	age 2.		
21. Is Application subject to review by	y State Executive Order 1	2372 Process?			
A. Yes This preapplication	n/application was made a	vailable to the St	tate Executive Order 12372 Proces	s for review	on: Date
B. No x Program is not cov	vered by E.O. 12372	•			
Program has not b	een selected by State for	review.			
22. Is the Applicant delinquent on any	y Federal debt? x	No		E N V	E (1)
Yes If "Yes," explain below	or attach an explanation.	-		E II V	<u>-5-</u>
			11531		
			APR	1 9 200	4 (")
				1 00 10000	hadden
			STATE CLE	ARING	HOUSE
			JOINIL VLL	ar ti vii v sa	

Funding Ma	atrix								
he applicant mus	at provide the funding n	natrix shown b	elow, listing e	ach program for	which HUD f	unding is being			
equested, and co	mplete the certification	S.							
Grant Program*	HUD	Applicant	Other HUD	Other Federal	State	Local/Tribal	Other	Program	Total
Orani i rogiani	Share	Match	Funds	Share	Share	Share		Income	
	\$3,770,000								\$3,770,0
	#3)110)00								401119
				1					
Grand Totals						4			
				<u> </u>					
Certificatio			-		h h	ومراجعا الأدروا الدار		habalf	
· ·	est of my knowledge ar o any person for influer							benan	
	er or employee of Con								
	ant or its extension, ren							ve	
•	influencing or attemptir	-	•						
	o Report Lobbying. I c		all require all s	ub awards at all	tiers (includi	ng sub-grants a	nd contracts	s) to	
	d disclose accordingly.			antition (TDUE)) aatabliahad	by Endorally roa	ognized Ind	lian tribos	
	ized Indian Tribes and exercise of the tribe's s								
	s established under Sta					Americanient, bu	Clato 1000g	griizoa irraiari	
	incorporates the Assura					olication or renev	vs and incor	porates for	
	re seeking the Assurar								
	s application is true and	correct and	constitutes ma	terial representa	ition of fact u	pon which HUD	may rely in	awarding	
the agreement.						1			
23. Signature of A	uthorized Official	/ K		1	Name (printe Rick Andrews	•			
Mr. A	711			L	NON AHUTEWS)			
Title	,					i i	Date (mm/do	1/2001	

APPLICATION FOR F	EDERAL ASSISTAN	1. TYPE OF SUBMISSION: Non-Construction		
Pa. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:		
04/16/04 2b. APPLICATION ID:	4. DATE RECEIVED:	GRANT NUMBER:		
04SC043111	04/16/04	02SCPCA046		
APPLICATION INFORMATION	1			
EGAL NAME: The CSU, Chico Research Founds DDRESS (give street address, city, state and Office of Sponsored Programs Kendall Hall, Room 114 Chico CA 95929 - 0870 EMPLOYER IDENTIFICATION NUMBER (E	d zip code):	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (giv area codes): NAME: Carol A. Childers TELEPHONE NUMBER: 530-898-4307 FAX NUMBER: 530-898-4870 INTERNET E-MAIL ADDRESS: cchilders@csuchico.edu 7. TYPE OF APPLICANT: 7a. Non-Profit		
680386518		7b. 4-year college		
B. TYPE OF APPLICATION: NEW X CONTIN REVISION f Revision, enter appropriate letter(s) in box(e A. Increase Award D. Decrease Duration		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service		
0a. CATALOG OF FEDERAL DOMESTIC AS 0b. TITLE: Senior Companion Program 2. AREAS AFFECTED BY PROJECT (List Companion, Column, Column, Tehanma and Plumas Country)	ities, Counties, States, etc):	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Chico SCP		
3. PROPOSED PROJECT: START DATE: 07	7/01/02 END DATE: 06/30/05	14. PERFORMANCE PERIOD: START DATE: END DATE:		
5. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE		
a. FEDERAL	\$ 78,036.00	ORDER 12372 PROCESS?		
b. APPLICANT	\$ 52,151.00	X YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR		
c. STATE	\$ 16,838.00	REVIEW ON: DATE: 16-APR-04		
		DAIL. 10-A110-07		
d. LOCAL	\$ 13,159.00			
e. OTHER	\$ 14,176.00			
f. PROGRAM INCOME	\$ 7,978.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? YES if "Yes," attach an explanation. X NO		
g. TOTAL	\$ 130,187.00	Land Land		
8. TO THE BEST OF MY KNOWLEDGE AND DULY AUTHORIZED BY THE GOVERNING I S AWARDED.	BODY OF THE APPLICANT AND THE A	TION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE		
. TYPED NAME OF AUTHORIZED REPRES		C. TELEPHONE NUMBER:		
JeffWright	Director, Office of	530-898-5700 d. DATE: 04/16/04		
	V	TE OF EADING HOUSE		

a. DATE SUBMITTED TO CORPORATION	3. DATE RECEIVED BY STATE;	STATE APPLICATION IDENTIFIER:				
OR NATIONAL AND COMMUNITY ERVICE (CNCS): 04/16/04						
b. APPLICATION ID:	4. DATE RECEIVED:	GRAN-	T NUMBER:			
04SC043111	04/16/04	02SCP				
APPLICATION INFORMATION		- Francisco				
GAL NAME: The CSU, Chico Research Fo	undation	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (given area codes):				
DDRESS (give street address, city, state	and zip code):	NAME: Carol A. Childers				
Office of Sponsored Programs		TELEPHONE NUMBER:	530-898-4307			
Kendall Hall, Room114 Chico CA 95929 - 0870		FAX NUMBER: 530-898-				
			RESS: cchilders@esuchico.edu			
EMPLOYER IDENTIFICATION NUMBER	R (EIN).	7. TYPE OF APPLICANT:	:			
680386518	* 1	7a. Non-Profit 7b. 4-year college				
TYPE OF APPLICATION:		, b. 4-year conlege				
NEW X COM	NOITAUNITI					
REVISION						
Revision, enter appropriate letter(s) in b	ox(es):					
. Increase Award B. Decrease A	ward C. Increase Duration					
	Ward O. Mibroaso Daration					
. Decrease Duration		and the second s	•			
		9. NAME OF FEDERAL A				
		Corporation	or National and Community Service			
Da. CATALOG OF FEDERAL DOMESTIC Db. TITLE: Senior Companion Program	ASSISTANCE NUMBER: 94.016	11. DESCRIPTIVE TITLE Chico SCP	OF APPLICANT'S PROJECT:			
2. AREAS AFFECTED BY PROJECT (Lis	t Cities, Counties, States, etc):					
Butte, Glenn, Colusa, Tehama and Plums	Counties					
	Α.		4			
, PROPOSED PROJECT: START DATE	07/01/02 END DATE: 06/30/05	14. PERFORMANCE PER	RIOD: START DATE: END DATE:			
. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE				
a. FEDERAL	\$ 78,036.00	ORDER 12372 PROCESS				
L ADDI LOANIT		- Lorent	LICATION/APPLICATION WAS MADE AVAILABLE			
b. APPLICANT	\$ 52,151.00	REVIEW ON:	EXECUTIVE ORDER 12372 PROCESS FOR			
c. STATE	\$ 16,838.00	DATE: 16-AP	PR-04			
d. LOCAL	\$ 13,159.00	_				
e. OTHER	\$ 14,176.00					
1. PROGRAM INCOME	\$ 7,978,00	17. IS THE APPLICANT E	DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$ 130,187.00		Yes," attach an explanation.			
. TO THE BEST OF MY KNOWLEDGE A	ND BELIEF, ALL DATA IN THIS APPLICA	10N/PREAPPLICATION AR PPLICANT WILL COMPLY	TE TRUE AND CORRECT, THE DOCUMENT HAS BEEN WITH THE ATTACHED ASSURANCES IF THE ASSISTAN			
	ESENTATIVE: b. TITLE:	10 6 6	G. TELEPHONE NUMBER:			
TYPED NAME OF AUTHORIZED REPR		of Sponsored Programs 539-898-5700				
TYPED NAME OF AUTHORIZED REPR	Director, Office o	Sponsored Programs	537 174-57.00			
TYPED NAME OF AUTHORIZED REPF JeffWright	Director, Office o	Sponsored Programs				
	Director, Office o	APR				

APPLICATION FOR F	EDERAL ASSISTAN				
	4		Non-Construction		
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 04/16/04	3. DATE RECEIVED BY STATE:		STATE APPLICATION IDENTIFIER:		
2b, APPLICATION ID:	4 DATE RECEIVED.		CDANT NUMBER		
	4. DATE RECEIVED:		GRANT NUMBER:		
04SF043110	04/16/04		02SFP CA035		
5. APPLICATION INFORMATION		1			
LEGAL NAME: The CSU, Chico Research Founds	ation		TACT INFORMATION FOR PROJECT DIRECTOR OR OTHER CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give		
ADDRESS (give street address, city, state and	d zip code):	NAME: Carol A. C	Childers		
Office of Sponsored Programs	<i>22</i>	TELEPHONE NUI	MBER: (530) 898-4307		
Kendali Hali, Room 114		FAX NUMBER: (5	330) 898-4870		
Chico CA 95929 - 0870		INTERNET E-MAI	L ADDRESS; cchilders@csuchico.edu		
6. EMPLOYER IDENTIFICATION NUMBER (E	EIN):	7. TYPE OF APPL	JCANT:		
680386518		7a. Non-Profit			
·		7b. 4-year college			
B. TYPE OF APPLICATION:		,			
NEW X CONTIN	IUATION				
REVISION					
Revision, enter appropriate letter(s) in box(e	s):				
A. Increase Award B. Decrease Award					
	O. Heroase Ediation				
D. Decrease Duration					
		9. NAME OF FED			
		Corporati	ion for National and Community Service		
10a. CATALOG OF FEDERAL DOMESTIC ASS 10b. TITLE: Foster Grandparent Program	SISTANCE NUMBER: 94.011	11. DESCRIPTIVE Csu Chico FGI	TITLE OF APPLICANT'S PROJECT:		
12. AREAS AFFECTED BY PROJECT (List Cit	ties Counties States etc)	+			
Butte and Colusa Counties	noo, ood, noo, oldred, elej.				
3. PROPOSED PROJECT: START DATE: 07/	/01/02 END DATE: 06/30/05	14. PERFORMANO	CE PERIOD: START DATE: END DATE:		
5. ESTIMATED FUNDING:		16. IS APPLICATION	ON SUBJECT TO REVIEW BY STATE EXECUTIVE		
a. FEDERAL	\$ 282,145.00	ORDER 12372 PR	· · · · · · · · · · · · · · · · · · ·		
1 APPLICANT			REAPPLICATION/APPLICATION WAS MADE AVAILABLE		
b. APPLICANT	\$ 65,537.00	TO THE REVIEW	STATE EXECUTIVE ORDER 12372 PROCESS FOR VON:		
c. STATE	\$ 0,00	1	16-APR-04		
d. LOCAL	\$ 55,985,00				
e. OTHER	\$ 9,552.00				
f. PROGRAM INCOME	\$ 0.00	17. IS THE APPLIC	CANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$ 347,682.00	YES	if "Yes," attach an explanation.		
			ON ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN MPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE		
. TYPED NAME OF AUTHORIZED REPRESE	ENTATIVE; b. TITLE:	FR	E DELEPHONE NUMBER:		
JeffWright	Director, Office of S	Sponspred Programs	530-898-5700		
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